

# CHEMIST & DRUGGIST

The newswweekly for pharmacy

August 7, 1993

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FAST.**

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complaint**

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**Published Saturdays by Benn Publications Ltd.** (member, United Newspapers Group), Sovereign Way, Tonbridge, Kent, TN9 1RW  
Telephone: 0732 364422  
Telex: 95132 Benton G  
Facsimile: 0732 361534

**Subscriptions:** Home £100 per annum. Overseas & Eire £140 per annum including postage. £2.10 per copy (postage extra).

**ABC** Member of the Audit Bureau of Circulations

**in** A United Newspapers publication

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## Comment

The Association of the British Pharmaceutical Industry publishes its annual review this Friday. Among other things, ABPI director John Griffin will comment on the rising level of opposition among MPs and doctors to the proposed cuts in medicines available on the NHS.

That disquiet among MPs is growing was evidenced by last week's accusation in the Commons by Conservative MP James Couchman (an advisor to Pfizer) that the Government is attempting to blackmail pharmaceutical companies on price with the extension of the Selected List (C&D July 31, p169). In a telling comment, he described the Advisory Committee on NHS Drugs as "the price control committee". He warned the Government that it was stretching UK and EC law to the limit and could face a legal challenge — and it must be assumed he was speaking as an informed insider for the industry lobby.

Further evidence that price rather than clinical need is becoming a dominant issue is seen this week with the announcement that Rhône-Poulenc Rorer are slashing the price of Zimovane from 98p per tablet to 16p following review by the Advisory Committee (p201). Last year NHS sales of the product stood at £10 million. The new price will prevent Zimovane being blacklisted but will mean reconsideration of future research and development and the curtailing of promotional activity, says the company. RPR are the first

to give details of their brush with the Advisory Committee and are deeply unhappy with the outcome. They will not be the last. Their PR director Guy Esnouf predicts few products will be blacklisted as most manufacturers will drop prices.

However, RPR are putting a brave face on things. In awarding Zimovane a price of 16p per tablet — still higher than the older hypnotics — the Committee appears to have recognised the value of this non-benzodiazepine hypnotic, they say. It is noteworthy that since sedatives and tranquilisers were "genericised" in the 1985 Limited List, only one new hypnotic has been introduced into the sector. Is this pattern to be repeated with the ten new categories being introduced this year? They are not primarily OTC categories as in the 1985 List, but for potentially more serious clinical conditions. Downgrading the incentive to develop drugs in these therapeutic areas is potentially damaging to patients.

The Department of Health is playing a dangerous game. Sentiment is a powerful force and the uncertainty created by the Selected List concept for companies trying to plan some years into the future should not be underestimated. If the Government wants to play around with the price of medicines, the mechanism should be through the Pharmaceutical Price Regulation Scheme.

The PPRS is still, nearly a year since its "expiry date", being reviewed. Is this coincidental?



## Suffolk LPC protests to Bottomley

The Local Pharmaceutical Committee in Suffolk has sent a letter of protest to Health Secretary Virginia Bottomley over the decision to allow doctor dispensing in Bury St Edmunds (C&D July 31).

In the letter, LPC secretary John Anthistle states: "Bury St Edmunds is a very large town with a population of over 35,000. It has five pharmacies; they provide a wide range of services, in addition to dispensing, that a dispensing doctor does not and cannot provide."

"Is it not the Government's policy that doctor dispensing should be an exception?"

Mr Anthistle told C&D: "The population figure of 35,000 relates to the urban figure only. The population in surrounding areas brings the figure to nearer 60,000."

The GPs concerned have a town centre practice near five pharmacies, with no out-of-town site to serve patients in the designated rural areas. Patients still need to travel into town to see their GP.

In making their decision, the Appeals Unit said: "There is only one pharmacy which could be considered to be even remotely at risk. This would still leave four pharmacies within close proximity in the centre of Bury St Edmunds."

# Boots' contract leaflet angers Dorset pharmacist

A Dorset pharmacist has complained to the Pharmaceutical Society about a form used by Boots to register public support for an NHS contract application.

Leo Burke, who owns a pharmacy directly opposite the Boots store in question, claims the leaflet draws an "invidious distinction" between Boots and other pharmacies. He has written to the Ethics Division of the Society's Law Department to complain about the wording.

The Boots store in Victoria Road, Ferndown, currently has no dispensing contract. However, an application, opposed by the Local Pharmaceutical Committee, comes up for consideration by

Dorset Health Commission on August 11.

The leaflet, headed *NHS Prescriptions*, asks members of the public to sign a tear-off slip if they wish to support the application for an NHS contract.

Mr Burke says he is not worried about the petition itself but is unhappy about the wording on the tear-off slip.

Under a statement registering the person's support, the form continues: "I consider the current number of pharmacies and their location insufficient for my needs."

In his letter to the Society, Mr Burke claims that while this does not state that local pharma-

ceutical standards are inadequate, it "implies this by its tone".

The letter continues: "The public are not informed enough to distinguish this from the fine rhetoric designed to influence Boots' application to dispense."

"The Society is in grave danger of allowing precedents to become established which will not only diminish that respect we have for our professional body but will lead to total loss of control of professional standards," the letter finishes.

A spokesman for Boots said the leaflet was a legitimate way of determining the level of support among local residents: "The wording does not imply any criticism of existing pharmaceutical services."

Ruth Rogers, of the Society's Ethics Division, confirmed that she had received Mr Burke's letter and that it was waiting consideration.

As a first step, the Law Department would evaluate the complaint to see if there was an infringement. If there were doubts, the company in question would be asked for comments.

If further clarification was required, the matter could go before the Law and Ethics Policy Committee and, if a case was thought to exist, to the Ethics Infringement Committee.

## Calpol in FP10 confusion

Confusion has arisen over which packs of Calpol are reimbursable on the NHS.

Wellcome Foundation say that Calpol infant suspension was to have become non-reimbursable on August 2, following discussions with the Advisory Committee on NHS Drugs. This date has now been put back.

But the company is introducing Calpol paediatric and Calpol paediatric sugar-free in 1 litre packs for dispensing purposes. These packs will replace the 1

litre packs of Calpol infant suspension and sugar-free infant suspension.

Until the paediatric packs filter through the supply chain, pharmacists may continue to dispense from existing 1 litre packs of infant suspension as the formulations are unaffected. The normal Drug Tariff prices will apply.

The brand names of the OTC packs of Calpol infant suspension and the sugar-free suspension are unchanged and can be sold OTC.

## Christchurch 'a worthwhile experience'

"For the time we had and the resources available I think we did a good job," says Christchurch candidate Peter Hollyman, returning to life behind the counter in his Porthmadog pharmacy on Monday.

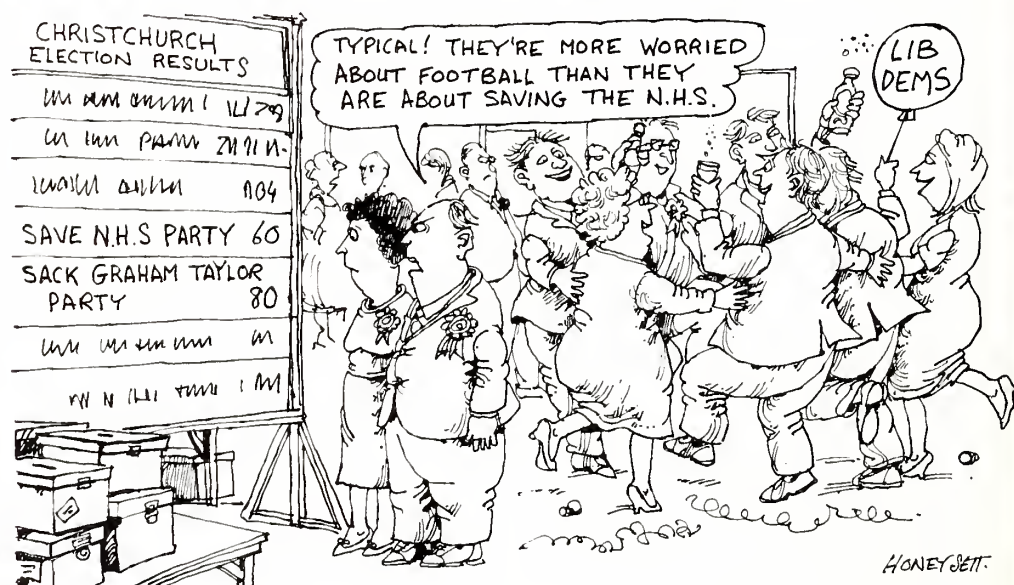
Mr Hollyman and his election agent Ken Sims have positive words to say about the experience and were not disappointed by the seemingly low vote — 60.

"I was more pleased with the contacts made and the number of occasions I was able to put our case across," Mr Hollyman told C&D. "That was more important than the vote itself."

He believes the future of the NHS was a major factor in the Liberal Democrat victory, and he says he did nothing to dissuade people voting for either them or for Labour during his campaign.

Both Mr Hollyman and Mr Sims described the actual count and declaration as a fascinating experience. The atmosphere was "electric" with the attention of all the country's media focused on the one hall.

"I had a sense of history being made," Mr Hollyman said. "To be



part of it was a reward in itself."

Looking back on the campaign, he believes those voters he spoke to appreciated that he was putting across a serious message, in contrast to some of the fringe candidates.

"I wouldn't have missed it for

the world," said Mr Hollyman.

Mr Sims added that he was surprised by the number of votes they received, which was much better than he had expected. He says he is not particularly bothered when it is pointed out that Mr Hollyman got fewer votes

than the Monster Raving Loony Party or the Sack Graham Taylor Party.

"If you've got 60 people actually putting their cross for you on an election paper, they are showing their concerns about the NHS."



## Zimovane price slashed to avoid blacklisting

Rhône-Poulenc Rorer have cut the price of Zimovane (zopiclone) tablets from 98p per tablet to 16p per tablet to prevent the product being blacklisted.

This is the first major product price reduction since the Government announced their intention to extend the Selected List with ten more categories in November last year. The Advisory Committee on NHS drugs began its review of Zimovane this February.

The company says it accepted the drastically reduced price to ensure the continued availability of a useful hypnotic in a therapeutic area that has seen the loss of triazolam (Halcion) and the possible rescheduling of temazepam.

Zimovane currently accounts for 3 per cent of the hypnotic market. The company is hoping that an increased volume of prescriptions will compensate for the lower price.

According to Rhône-Poulenc Rorer, the new price will mean a reconsideration of future research and development in the area and the curtailment of their educational activity in sleep management.

"The Limited List is designed to exert pressure on manufacturers in the short-term, with no regard for the future," says Guy Esnouf, director of public affairs at the company. "Very few products will end up on the blacklist as manufacturers will drop their prices, but they will reconsider their research and development."

Rhône-Poulenc Rorer say pharmacists and wholesalers will be compensated for devalued stock, and are encouraging pharmacists to maintain ordering and stock.

## Trent defers decision

Trent Regional Health Authority has failed to reach a decision on applications to set up a Pharmacy Practice Unit.

Further consideration is being given to the matter, including exploring other options of providing pharmaceutical advice and services to the region.

Trent originally invited applications from institutions to establish the Unit. Of the five who expressed an interest, two were progressed to a stage involving detailed discussions. But the Authority's selection board was unable to recommend a preferred provider.

It is now likely to be September before the board's conclusion can be presented to the RHA.

# Pharmacy Assistant Awards spur off-the-job learning

The National Pharmaceutical Association is endorsing an 11-part distance learning package for pharmacy assistants designed to promote understanding of products as well as retailing skills. *Chemist & Druggist* is also supporting this manufacturer-sponsored initiative which leads to prizes and awards

de Brus Marketing Services Ltd



While all pharmacy assistants will want to strive for excellence in the service they give to customers, most will be content with achieving the all-round competence that brings job satisfaction and boosts sales. The de Brus method of interactive modular distance learning is designed to achieve just that.

Training will be centred on product groups particular to participating manufacturers with the addition of the relevant people and retailing skills. Each package will comprise two modules. The first package will include the programme introduction and a module by Elida Gibbs on the structure and function of the skin and its ageing.

Pharmacists wishing to enter assistants on the 12-month-long Pharmacy Assistant Awards should send the completed enrolment form (right) to the Freepost address given. The NPA will also be sending out a registration form for up to four assistants per pharmacy.

Alternatively, pharmacists can phone the de Brus registration hot-line on 0926 888103 which will be open from August 9 to September 20 from 8.30am to 5.30pm, Monday to Friday. Closing date for registration is September 20, with the first module due to be posted to assistants on August 25.

The 11 de Brus modules are backed by six companies. De Brus will log participation and award certificates to those assistants who complete the course — a questionnaire based on each module is returned in a pre-paid envelope for assessment.

Nine regional finalists will be selected after assistants who have completed all 11 modules return the comprehensive proficiency test based on the entire course.



Four Seasons Hotel



Apollonia Beach Hotel and Resort

The finalists will be announced at regional dinners to be held around the country. The grand final will be held in Autumn 1994 at a prestigious London hotel. An eminent judging panel will determine which three assistants are to take their partners to one of three five-star Cyprus hotels for a



Coral Beach Hotel

seven-day holiday. The overall winner will also be awarded a trophy, and all finalists will receive framed certificates.

*Chemist & Druggist* will publish the outcome of the regional selection process together with details of the grand final, including pictures of the proceedings and the winners.

All that remains to ensure even more pharmacy staff reach your own and their high standards is to put their name forward for training.

Please fill in the coupon on this page and one of your staff and their partner could be sunning themselves in Cyprus next year as a reward for their labours and their newly boosted pharmacy retailing skills.

I (name).....

of (pharmacy).....

.....

.....

Postcode .....

Tel.....

RPSGB registration no .....

wish to enter:

1) .....

2) .....

3) .....

4) .....

for the de Brus Pharmacy Assistant Awards endorsed by the NPA and supported by *Chemist & Druggist*. Send this coupon to: 1994 Pharmacy Assistant Awards, FREEPOST CV2388, PO Box 62, Royal Leamington Spa, Warwickshire CV32 5BR

Hot-line telephone number for instant registration or further information is 0926 888103.



# Pharmacist furious over MP's response on pay

A Hertfordshire pharmacist is furious after a letter to his MP about remuneration brought the threat of complaint to the Royal Pharmaceutical Society.

Contractor Michael Richard, who is also vice-chairman of Hertfordshire LPC, wrote to Robert Jones MP at the beginning of June, alerting him to the possible implications of the DoH's remuneration proposals. The letter, he says, was "serious, polite and perfectly sensible".

On June 16, Mr Jones replied saying that Mr Richard was "misrepresenting the situation concerning the negotiations between the profession and the Government". The MP said he would put the pharmacist's case to the

Health Secretary and write again.

It was the MP's second letter that angered Mr Richard. In it, Mr Jones said he was not sure what the motivation was for some pharmacists in suggesting that the Government was in favour of closing small pharmacies, but "large numbers of MPs are growing increasingly disturbed at the complete misrepresentations that are being used to frighten elderly people".

The letter concluded: "In common with a number of colleagues, I have decided that if any false representations of this nature are made in future, I will take up the complaint with the disciplinary committee of the professional body."

## NPA favour Society's standards tribunal

The National Pharmaceutical Association has come out in support of the pharmaceutical standards tribunal proposed by the Royal Pharmaceutical Society.

At the July Board meeting, members welcomed the initiative which they felt would help raise standards as a whole, and particularly of pharmacy premises.

The tribunal will fill the gap which exists between cases which cannot be effectively dealt with by a letter from the Society, and those serious enough to raise questions over whether a pharmacist is fit to remain on the Register and which are referred to the Statutory Committee.

**POM to P** Proposed legislative amendments which would mean the reclassification of more "POM to P" medicines, including beclomethasone dipropionate nasal spray, cimetidine and sodium cromoglycate eye preparations, were welcomed.

The Board questioned the proposal that the maximum supply for non-prescription packs of sodium cromoglycate preparations should be 5ml for drops and 5g for ointment. This seemed illogical since it was supposed to be used prophylactically for hay fever and, currently, the pack size of the eye drops was 13.5ml. These observations are to be conveyed to the MCA.

**CHCs support pharmacists** The Board was delighted to hear that, at the recent Association of Community Health Councils Conference, an emergency motion had been unanimously passed urging the Department of Health to withdraw its proposals on pharmacists' remuneration.

**Practice formularies** To enable community pharmacists to play a

greater role in the development of local practice formularies, an information pack is to be produced for NPA members explaining how to provide the service to local GPs.

**Pharmacist's role in stoma care** The pharmacist's role will be highlighted by the NPA at a World Ostomy Day Conference and Exhibition in October. The event, organised by various ostomy self-help groups, will emphasise the importance of the pharmacist as a source of advice on stoma care and campaign for an end to the disparity which exists between discounts on stoma items offered to appliance contractors and pharmacists.

**Sunday trading** Having considered the Government's latest proposals for reforming the Sunday trading laws, the Board decided to continue to fight against total deregulation.

The NPA had always supported the Keep Sunday Special Campaign as opposed to total deregulation. With more proposals on the table, Board members felt that the "moderate" vote could be split between KSSC and the Retailers for Shops Act Reform, with the result that deregulators would carry the day. The Board agreed to approach the RSAR and KSSC and urge them to reach a compromise.

**Wellbeing magazine** The NPA is to look into the possibility of increasing the print run of *Wellbeing*, the NPA's consumer magazine, so that members could have 75 or 100 copies each of the Autumn edition.

**Medical representatives** A leaflet for medical reps explaining how to get the most out of their visits to the pharmacy was approved.

Mr Richard is furious over the threat. "If the level of political debate in this country has sunk to the level of intimidation and threats, then democracy has gone a long way. It's a very depressing situation," he says.

He has brought the situation to the attention of the local Press and has offered to meet Mr Jones to debate the issue.

PSNC secretary Stephen Axon said that, as far as he was aware, the response from the MP was a one-off: "We have had received a great deal of support from many MPs across all parties. The information given to MPs by PSNC is not a misrepresentation in any way."

Mr Axon said that PSNC had advised Mr Richard very clearly about how to reply to the letter. However, the MP was entitled to take the matter further if he wished. If any other contractors received similar replies, he advised them to let PSNC know.

## Boots launch herbal range

Boots are moving into the complementary medicine market this week with the launch of an own-brand range of herbal medicines.

Twelve lines, 11 of which are licensed, along with proprietary herbal and homoeopathic ranges, will be available in 700 stores nationwide. Some 500 pharmacists have been trained to advise to customers, and free information leaflets are available.

The Boots launch has prompted unease in some quarters, with the Society of Homoeopaths expressing concern at the amount of training pharmacists have had and whether advice will be given by assistants.

Chairman of the charity Health Watch, Professor John Garrow, said on Radio Four's *Today* programme that Boots are abusing the faith placed in pharmacies by selling products which have not had controlled trials on their efficacy. The charity is hoping to persuade Boots to conduct trials, and threatens to refer them to the Advertising Standards Authority to see what progress can be made.

### Scottish shortages

Owing to continued shortages of procyclidine tablets 5mg, the Scottish Home and Health Department will accept endorsements on scripts during July and August. Due to shortages of Kabiglobulin 2ml and Gammabulin 2ml and 5ml, the following endorsements will also be accepted — Kabiglobulin 2ml supply and endorse 5ml, and Gammabulin 2ml and 5ml supply and endorse 10ml.

### NPA training

The National Pharmaceutical Association has extended the deadline for applications for the next dispensing technician's correspondence course. The original closing

date was August 9 but late enrolments will be accepted up to August 16.

### Scottish allowance

The full professional allowance of £20,000 sought by Scottish contractors will be paid to those pharmacies dispensing over 2,650 items a month, not 6,250 as stated incorrectly in last week's lead news story (p168).

### Berkshire merger

A new, single health authority for Berkshire has been announced. The authority, which will be created by the merger of East and West Berkshire health authorities, will come into operation on October 1.

## LPCs and RHAs should 'liaise more closely'

Local pharmaceutical committees should be encouraged to liaise more closely with regional health authorities, according to Michael Levitan, secretary of the Middlesex Pharmaceutical Group.

His comments came after a "very interesting" meeting organised by Dr Peter Wilson, regional pharmacy development manager for NW Thames RHA, and attended by LPC and FHSA members.

The formation of a regional community pharmacy development group was mooted at the meeting, which followed Dr Wilson's visits to LPCs in the region. As a result of feedback

from these visits, it was decided there was a need to pull together the various different ideas that were coming from the LPCs.

A second meeting is planned to discuss in detail some of the services that pharmacies could provide. Barnet and Brent & Harrow LPCs are looking at pharmacists providing pregnancy tests, with appropriate advice, which FHSA would pay for. Care in the community also gave rise to possibilities, said Mr Levitan.

Community pharmacists from the region are being asked to support the group by bringing forward practical suggestions and by attending future meetings.



## Combining pills and social work

For more years than I wish to remember, I have been dispensing Willy's tablets. Initially his breathing problem was only an inconvenience but, as the years went by, it became progressively worse. First he was put on oxygen and then he became house-bound.

Not that I consider myself good company, and many would agree, but I felt that Willy looked forward to the twice weekly oxygen delivery as if it were a major social event, and it was often difficult to get away. I seldom contributed to the conversation but contented myself to merely listening.

He remembered the past so vividly — great people, wonderful events and much better times.

### I knew he was just lonely and needed a chat. I didn't usually mind

When oxygen concentrators became available, we no longer supplied Willy with oxygen. He would then telephone me for information about his medicines — but very often a telephone explanation was not enough and I had to go to his house to clarify the misunderstanding. I knew he was just lonely and needed a chat. Often I didn't mind but some times I did.

Some weeks ago Willy died. His home-help was on holiday and he was dead for three days before he was found. What family he had came across from England to settle his affairs and there was a large floral tribute from Australia. His funeral was a quiet affair and, without fuss, he was put to rest. As the funeral passed the pharmacy, I thought of his pathetic lonely existence in his final years.

The following Wednesday, an advertisement appeared in the local newspaper from Willy's family expressing their gratitude for all our pharmacy had done for him during his long illness. It was an extremely touching tribute. He had obviously requested it as we never had any contact with his family.

Such thoughtfulness made me feel guilty that I had not done more. I often tell myself that I am a pharmacist not a social worker, but so often we need to be both and, hopefully, when it matters, we all are.

Written by a practising Northern Ireland community pharmacist

## How about some real support?

I make no apology for returning to the subject of community care, but last week in its editorial the *Pharmaceutical Journal* exhorted community pharmacists to take seriously the provision of domiciliary services. Another authoritative voice pressing the message home and applauded, I am sure, by a munificent Department of Health!

But what was totally lacking once again was any mention of how this service should be remunerated. Instead of berating community pharmacy for its reticence, I would prefer such an august professional mouthpiece to be shouting in support of community pharmacy, decrying the lack of resources which are preventing me from developing these services and castigating a system which has allowed another 30,000 items a year to be stolen by dispensing doctors ...

### ...those dispensing doctors

Those dispensing doctors, along with 35,000 other people, live in that rural backwater, Bury St. Edmunds in Suffolk. What nonsense! This is an insult to the profession of pharmacy and an insult to the quality of care offered to the patient.

The inadequacy of unqualified staff dispensing potent medicines under the so-called supervision of a doctor is an anachronistic misrepresentation of the purpose of archaic legislation, and is being used by doctors to pursue their own selfish pecuniary ambitions.

Suffolk Family Health Services Authority knew this when it rejected the original application, but the appeals unit in Harrogate is bound by



the regulations and had to grant permission. Patients, meanwhile, like lambs to the slaughter, will now be offered the "choice" of where they wish to have their prescriptions dispensed: at the local pharmacy or find another doctor? (Shame on me that it ever crossed my mind.)

So far all pharmaceutical protests have fallen on deaf parliamentary ears but these perversions cannot be allowed to continue.

PSNC has been vociferous in rallying support against the current remuneration offer. It must organise a similar high profile campaign to expose the inequities of doctor dispensing, and force legislative change which will once and for all recognise the right of every patient to a full pharmaceutical service — and charge our profession with the responsibility of providing it.

### Nice one, Gillian

Meanwhile in Mirfield, without a doctor of any type in sight, Gillian Hawksworth has practised what she preached and has reaped a justified reward by being commended in the 1993 *Daily Telegraph* and First Direct's "Customer First" awards (C&D July 31, p194).

Gillian's pharmacy has become a model for our future

and the pride of our profession, but it is the patients of Mirfield who have derived the greatest benefit by experiencing first hand the true depth of pharmaceutical care in the community.

It is ironic that, in the same week that doctor dispensing has been allowed to decimate the pharmaceutical services of Bury St. Edmunds, this most admired and publicised community pharmacy has gained a community award in an area where the nearest surgery is two miles distant!

## Sense prevails in price marking

I was pleased to read that David Allen has had his conviction under the Price Marking Order quashed by the Court of Appeal (C&D July 31 p185) and the law has been properly clarified to allow sensible price marking of delicate products.

Commonsense has prevailed but the satisfactory pricing of goods is still contentious, particularly when the aesthetics of display are taken into consideration.

I can remember when I used to sell all those expensive chemist sundries and pricing guns had not been invented that I had a pricing kit comprising small black Bakelite blocks of numbers and letters which used to interlock to form prices or words. These could then be carefully placed in the display to advise the customer of the price without damaging the goods, looked very professional and could be re-used indefinitely.

I have not seen my kit for many years but its revival could solve these problems of pricing. The law may have been resolved in our favour, but I know my wife would never seek the purchase of any product not clearly priced and to inquire about unpriced goods does put the customer at a disadvantage against a particularly resourceful sales assistant. Perhaps the NPA should look at designing a more modern alternative to my old black Bakelite kit when aesthetics, recycling and price marking could all be mutually satisfied.

# Topical REFLECTIONS



# Medical matters

## Consumers' Association lists OTC bargains

Many medicines commonly prescribed by GPs are available over-the-counter for less than the prescription charge of £4.25.

The *Drug and Therapeutics Bulletin* has published a booklet for doctors and pharmacists listing more than 400 medicines which cost less than £4.25 when bought OTC. Some of the products listed cost less than £1.

But the Consumers' Association, publishers of the *Bulletin*, warn that the recommendations are valid only for the quantities shown; for patients requiring

more it will be cheaper for them to obtain it on prescription.

Those patients with one-off ailments are likely to benefit more than those with a recurring problem.

"More information on the costs of OTC medicines could save money for patients and for the NHS," says Dr Joe Collier, editor of *Drug and Therapeutics Bulletin*.

"Doctors should tell patients the generic name of a recommended medicine and suggest that patients ask pharmacists for it in

its cheapest appropriate form."

As a result, pharmacists may notice increased OTC sales of some of the following products: Maalox (100 £2.48; 500ml £3.43); Gaviscon liquid (100ml £1.60; 200ml £2.86); Cream E45 (125g £3.20; HC45 (15g £2.39); Piriton (30 £1.50; 150ml £1.01); Canesten cream (20g £3.21); and Stugeron (15 £1.79).

Copies of the booklet (£3.95 including p&p) can be obtained from **Dept OTC, Consumers' Association, P.O. Box 44, Hertford SG14 1SH**.

### Sabril indications

The licence for the anti-epilepsy drug Sabril (vigabatrin) has been amended, approving its use "for the treatment of epilepsy which is not satisfactorily controlled by another anti-epileptic drug". Sabril was previously indicated for use in patients who had received at least two anti-epileptic drugs. **Marion Merrell Dow Ltd. Tel: 081-848 3456.**

### Half Sinemet CR

Half Sinemet CR is a new anti-Parkinsonian agent from Du Pont Pharmaceuticals. Each tablet contains the equivalent of 25mg anhydrous carbidopa and 100mg levodopa. The controlled release tablets should not be chewed, crushed or halved. The basic NHS price for 56 tablets is £18.56. **Du Pont Pharmaceuticals Ltd. Tel: 0462 482648.**

### Beta-Cardone shortage

Evans Medical have announced that Beta-Cardone tablets will not be available until the start of October. The non-availability of the 40mg and 80mg tablets is due to the difficulty sourcing the sotalol raw material. The company have located a small amount, and a quantity of 40mg tablets will be available at the beginning of October. **Evans Medical. Tel: 0345 451500.**

### Ilube eye drops

Cusi (UK) confirm that supplies of Ilube eye drops are again readily available. The company would like to apologise to pharmacies and patients for the past shortage of supply. **Cusi (UK) Ltd. Tel: 0428 661078.**

### B-D injector

The B-D automatic injector is a new aid for diabetics who are afraid of needles or who have difficulty reaching some injection sites. The patient loads the syringe into the injector, touches a button to insert the needle into the skin and then depresses the plunger as normal. It only works with the B-D Micro-Fine Plus 1ml, 0.5ml and 0.3ml disposable insulin syringes, and is available in packs of six (£72.36). **Becton Dickinson Diabetes Healthcare Ltd. Tel: 0865 777722.**

### Ismo 10 pack

Boehringer Mannheim are introducing a new pack presentation of Ismo 10 (isosorbide mononitrate). The new blister pack of 60 tablets (£3.48) will be in addition to the existing 100's securitainer. **Boehringer Mannheim UK (Pharmaceuticals) Ltd. Tel: 0506 412512.**

## Halfan is an effective anti-malarial

Halofantrine (Halfan) is a suitable malaria treatment for travellers to remote areas who have not taken malaria prophylaxis or who develop malaria despite prophylaxis, concludes a report in the *Drug and Therapeutic Bulletin*.

Halfan's tablet form and relative freedom from side-effects make self-treatment of travellers possible. However, the authors caution that such treatment should always be used after expert advice.

Halfan is less suitable for treating patients who have been taking mefloquine prophylaxis due to cross-infection.

## Aspirin — protection against bowel cancer

Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) may help prevent the development of bowel cancer, according to the results of a study in the *British Medical Journal*.

The results support the theory that these drugs exert their protective action by reducing the prevalence of colorectal adenomas. The association is specific for NSAIDs and is stronger with prolonged use.

Patients taking part in a randomised controlled trial of faecal occult blood screening for colorectal cancer were interviewed about their analgesic use using a questionnaire that

focused on diet. Those using aspirin and NSAIDs had half the risk of developing colorectal adenomas.

Patients with colorectal adenomas reported less use of aspirin and other NSAIDs but not paracetamol.

Prescribed use of NSAIDs for longer than five years was associated with the lowest risk of adenoma, but the numbers reporting prolonged prescribed use were small.

Colorectal cancer is second only to lung cancer as a cause of cancer death, and affects an estimated 25,000 people every year in the UK.

## SSRIs — no improvement and more expensive

The selective serotonin reuptake inhibitors (SSRIs) "are no improvement on established drugs to treat patients with moderate to severe depression, and are much more expensive", says the Consumers' Association in the latest *Drug and Therapeutic Bulletin*.

The four SSRI anti-depressants currently marketed in the UK are: fluoxetine (Prozac), fluvoxamine (Faverin), paroxetine (Seroxat) and sertraline (Lustral).

SSRIs inhibit the reuptake of serotonin. The older tricyclic anti-depressants and some non-tricyclics, such as maprotiline, inhibit the reuptake of serotonin and noradrenalin.

Analysis of 20 trials involving 1,800 patients found that the SSRIs and tricyclics were of equal efficacy.

Patients on SSRIs are less likely to experience sedation and anti-cholinergic effects, commonly associated with tricyclics. In addition, SSRIs are less likely to cause weight gain, confusion in the elderly and potentially fatal cardiac arrhythmias.

SSRIs were found to be safer in overdose than the tricyclics, but the *Bulletin* warns that all depressed patients should be monitored in the early days of treatment when the risk of suicide is greatest.

## Isoniazid halts HIV

Isoniazid given prophylactically reduces the incidence of TB and delays the onset of HIV-related disease in symptom-free HIV-positive people, according to *The Lancet*.

118 patients were randomised treatment to 300mg isoniazid daily plus 50mg vitamin B6, or vitamin B6 alone, for one year.

The incidence of TB was lower in those who received isoniazid than in those who had received vitamin B6 alone. Isoniazid also delayed the progression of symptomless HIV infection to disease and death among the whole study population and for the PPD-positive group.



# E45 ASSETS

## ARE NOW MORE LIQUID



With the arrival of new Lotion E45, the E45 range now offers dry skin care with a lighter touch.

A valuable adjunct to Cream E45, this effective dermatological moisturiser spreads easily over large areas of dry, sensitive, flaking or chapped skin - without feeling greasy.

Like Cream E45, Lotion E45 is unperfumed, tested to dermatological standards and formulated with hypoallergenic lanolin to ensure greater skin tolerance.

Since customers' needs vary, it's not surprising they are responding to this new E45 texture with great enthusiasm. And the latest research among non-E45 users shows that 58% are likely to buy Lotion E45.

That means the E45 range will bring you even more customers, especially in view of our extensive consumer advertising.

So make sure you stock new Lotion E45 and recommend it to all those who prefer their E45 assets to be more liquid.



NEW LOTION E45 ESSENTIAL MOISTURE REPLACEMENT



# Counterpoints

## Baby sauces are new Milupa concept

Milupa are launching a new concept in dry babyfoods, said to be the most innovative development in the babyfeeding market for more than 15 years.

Milupa Baby Sauces are dried granules which, when reconstituted, form sauces which can be added to home-prepared food. The aim is to help get mums through that difficult transition phase of moving the child from baby foods to family foods.

Convenience is a big consideration, say Milupa. To prepare, parents need only to add previously boiled hot water to the sauce granules, stir and then pour over their choice of chopped, mashed or pureed home-cooked foods.

"Most parents are keen to get their babies to eat home-prepared food as quickly as possible as it is convenient and economical to serve the same food that's being cooked for the rest of the family," says Jane Mayall, marketing manager for Milupa.

Before the idea of sauces, parents were moistening dry food with milk or water which offers little taste, or commercially prepared "adult" sauces and gravies which contain high levels of salt and artificial



additives, she explains. The sauces are being sold into Boots for the end of August but will not be available through other outlets until early October.

There are three sauces in the range — white, cheese and tomato. Each has been developed specifically for babies and contain added vitamins, says the company. Unlike "adult" sauces they are free from artificial flavourings, colourings and preservatives. Each 120g tub contains approximately eight servings and will retail at £1.65.

To help give parents ideas for using the products, Milupa have

included two recipes on the back of each pack, plus a nine-recipe leaflet inside each tub. A 26-page booklet called *Baby's First Cook Book* is also available.

To support the launch, Milupa are investing £500,000 in activities, including a Press advertising campaign running from October in mother and baby and selected consumer titles. A sampling programme is also planned, distributing over 500,000 product sachets and copies of the recipe booklet in the first 12 months after the launch to mothers with babies aged six months.

Other activities include reader offers in *Practical Parenting* magazine offering free product and recipe books, plus a Saucy Baby competition in the regional Press.

For the trade, Milupa sees the opening up of a new sector for the babyfeeding market as a "tremendous opportunity" for pharmacists to increase sales and boost profits.

The company has produced merchandisers containing 18 x 15g trial sachets of sauce varieties, free with an order of three outers of six tubs. Each sachet retails at 29p. Recipe leaflets are provided with each merchandiser. A range of PoS is available. **Milupa (UK) Ltd.** Tel: 081-573 9966.

## Regulose is first flavoured lactulose

Regulose is a plum-flavoured liquid containing 3.33g lactulose in each 5ml spoonful (200ml, £3.55). Regulose, a Pharmacy medicine, is indicated for the relief of constipation.

The recommended dose for adults and children over 12 is three to six x 5ml spoonfuls daily for the first two to three days of treatment (nine spoonfuls may be given in obstinate cases) followed by two to three spoonfuls daily as required.

Regulose is said to be suitable for post-partum constipation, constipation secondary to other bowel conditions and drug-induced constipation.

Although there are no age restrictions on the use of lactulose in children, the company recommends that young children requiring a laxative should be examined by a doctor to establish the need.

The total market for laxatives, OTC and

prescription, is estimated to be worth about £52 million (wholesale). The growth in the market has been fuelled by the increasing preference for lactulose by family doctors — in 1992 it was the most prescribed laxative accounting for 39.4 per cent of all prescriptions.

The company says Regulose has been launched in OTC packaging and labelling to assist P display and counter recommendations.

Intercare are supplying pharmacists with a shelf unit, designed to highlight the new bottle to customers, for OTC sale. The bottle is PET plastic for ease of handling in the pharmacy and safety in the home.

Regulose is being supported by an advertorial campaign which will run in a range of women's magazines from October to December. **Intercare Products Ltd.** Tel: 0734 790345.

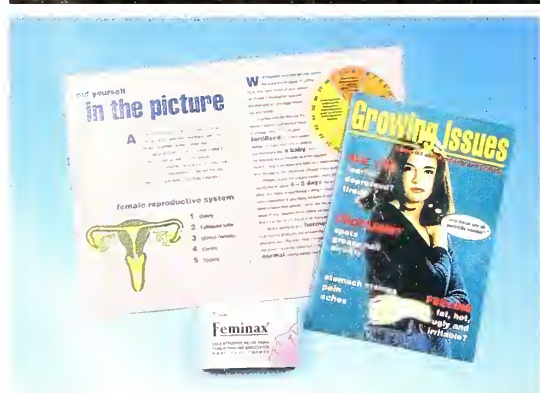


## New formulation for Phensedyl linctus

Phensedyl Plus Linctus (100ml, £1.99) is a new formulation which replaces the current Phensedyl Linctus, now discontinued with immediate effect. Each 5ml of the new formulation contains pholcodine 5mg, pseudoephedrine HCl

20mg and promethazine HCl 3.6mg.

Rhône-Poulenc Rorer say the new formulation has a triple action by relieving coughs, clearing congestion and soothing sore throat. **Rhône-Poulenc Rorer Ltd. Family Health Division.** Tel: 0323 721422.



*Growing Issues* is a booklet about puberty and periods produced by the makers of *Feminax*. Produced as a result of findings in a survey carried out by Roche Nicholas, it offers advice in an accessible form. The 21-page colour booklet is free to consumers from Roche Nicholas. Tel: 0707 328128



# LIFE SUPPORT SOLUTION

**Dioralyte**<sup>®</sup>  
**Blackcurrant**

**CONTAINS:**

Glucose BP 3.56g, Disodium Hydrogen Citrate BP 0.53g  
Sodium Chloride BP 0.47g, Potassium Chloride BP 0.30g  
**COMPOSITION OF RECONSTITUTED SOLUTION: (per litre)**  
Sodium 60mmol Potassium 20mmol  
Chloride 60mmol Citrate 10mmol  
Glucose 90mmol

**KEEP ALL MEDICINES OUT OF THE REACH OF CHILDREN**

STORE IN A COOL DRY PLACE PL 5272/0022 PA468 1/2 ® Regd Trade Mark

**Rorer Pharmaceuticals Ltd**  
Eastbourne, England and Dublin, Ireland



FAST AND EFFECTIVE REPLACEMENT OF FLUIDS & ELECTROLYTES

**PRESCRIBING INFORMATION**

**Presentation:** Foil laminate sachets each containing Sodium Chloride BP 0.47G, Potassium Chloride BP 0.30G, Glucose BP 3.56G, Disodium Hydrogen Citrate BP 0.53G. White effervescent tablets each containing Anhydrous Citric Acid BP 0.384G, Sodium Bicarbonate BP 0.336G, Potassium Chloride BP 0.186G, Sodium Chloride BP 0.117G, Glucose BP 1.62G. **Uses:** Oral correction of fluid and electrolyte loss and treatment of watery diarrhoea of various aetiologies including gastroenteritis in all age groups. **Reconstitution:** the contents of each sachet or two effervescent tablets should be dissolved in 200ml (approx. 7 fl oz) of fresh drinking water. For infants, the water should be freshly boiled and cooled. **Dosage:** Infants - one to one and a half times the usual daily feed volume (normally 150 ml/kg bodyweight over 24 hours). Children - one sachet or two effervescent tablets after every loose motion. Adults - one or two sachets or two or four effervescent tablets after every loose motion. More may be required initially to ensure early and full volume repletion. Cow's milk and artificial milk feeds in infants should be stopped for 24 hours and gradually reintroduced when the diarrhoea has lessened. Breast feeding should be continued.

**Contra-indications:** there are no known contra-indications to Dioralyte but there may be a number of conditions where treatment will be inappropriate, eg intestinal obstruction requiring surgical intervention, renal failure.

**Precautions:** Dioralyte should not be reconstituted in diluents other than water and only to the correct volume. Dioralyte should not be administered to infants under 1 year of age except on medical advice.

**Pharmaceutical Precautions:** Sachets - store in a cool, dry place. Tablets - store in the original container in a cool, dry place and replace cap immediately after removal of tablets. **Legal Category:** P Pack. **Quantity:** Sachets. Pack of 20. NHS price £4.17 effervescent tablets. Pack of 4 tubes of 10. NHS price £4.17 - RPR House, St. Leonards Road, Eastbourne. Date of preparation, June 1993.

 **RHÔNE-POULENC RORER**



# Crookes back first Beating Pain Week

Coinciding with the tenth anniversary of Nurofen as an over-the-counter product, Crookes are backing the first national Beating Pain Week from September 20-24.

The week is described by the company as a practical initiative to put the spotlight on pain in all its guises, its consequences, and advances in its understanding. It also aims to communicate advice on conquering pain.

Beating Pain Week will include a variety of promotional and educational activities. Regional workshops will provide a forum for education, discussion and practical advice, say the company. The week will also be targeted at pharmacists in recognition, say Crookes, of the important role they play as a source of advice on the treatment of everyday pain.

In the run up to the week, pharmacy staff are being invited to apply for a free Beating Pain Week pack. This comprises an A6 tear-off Beating Pain recommendation pad, which includes common sense advice on the use of Nurofen, a pen and personalised name badge. Packs are available from Crookes territory managers.

In another move to tie in with the product's tenth anniversary, packaging for the Nurofen range has recently been updated (C&D July 24 p146).

• The latest survey on pain



carried out by Crookes suggests that it is on the increase, with nearly half of all women feeling they suffer more pain now than they did ten years ago.

Some 11 per cent attribute this to an increase in stress and 7 per cent to having children. **Crookes Healthcare. Tel: 0602 507431.**

## Mates focus on youth sector with relaunch

Mates condoms are being relaunched in September in a colour-coded pack design, aimed at strengthening their position in the youth sector.

The four relaunched Mates variants available are: Natural (3, £1.19; 6, £2.49; 12, £3.95; 25,

£7.75); Contoured (3, £1.39; 6, £2.49; 12, £4.57; 25, £8.79); Superstrong (12, £5.65); and Play (3, £1.39; 6, £2.49; 12, £4.59).

All are available in outers of six, except for the three-packs which are in outers of 12. **Johnson & Johnson. Tel: 0628 822222.**



## Recipes for healthy eating from Canderel

Searle are offering consumers a free cookery book with a new on-pack promotion on Canderel.

A *Healthy Approach to Creative Cookery* (£9.95) is free with six on-pack tokens.

The 50 tablet pack carries one token, the 100 pack and 40g jar carry two, the 75g jar has three and the 300 tablet pack will carry four.

The book contains recipes using healthy ingredients and is divided into breakfasts, main courses, desserts and drinks.

To coincide with the offer, Searle are re-running

their Canderel television advertising throughout August. **Searle Consumer Products. Tel: 0494 521124.**

## Swaddlers in search of a star

Swaddlers, makers of Ultra Togs nappies, are launching a nationwide search for a baby to star in a high-profile television advertising campaign.

Details of the competition will be published in the August 7 edition of *Chat* magazine.

The winning baby will win a year's supply of Ultra Togs nappies, £500 in cash, plus the chance to star in the commercial which will be aired before Christmas. **Swaddlers. Tel: 0908 210111.**

## Big spend for Rapeze

A new television commercial, coupled with a £2 million media spend, begins this week for Rennie Rapeze.

The commercial runs for six weeks and uses the Rapeze colours to bring the four tangy flavours to life with the slogan: "It's tangy, it's fast, it's Rennie Rapeze." **Roche Nicholas. Tel: 0707 328128.**

## Borage Oil to treat the skin

Biocosmetics are introducing Borage Oil Cream and Oil for use on the skin.

The hypo-allergenic products contain natural oils including borage, wheatgerm and almond.

The cream retails at £2.99 for 30g (£10 per six trade); £8.95 for 250g (£30.40 per six); and the oil at £2.99 (£10 per six). **Power Health Products. Tel: 0759 302595.**

## Eurax goes GSL

Eurax is to assume GSL status for its 30g and 100g cream packs and its 100ml lotion pack. But despite its GSL status, Eurax will remain on sale only through pharmacy outlets, say Zyma.

GSL status will allow Eurax to be promoted through sampling to targeted consumer groups, leading to greater awareness of the product, say **Zyma Healthcare. Tel: 0306 742800.**



## Rennie's new look

Rennie is being re-packaged and new display trays made available.

The new packs have a stronger, bolder logo and a tamper-evident carton.

Trays for 48 and 96

packs will be single facing, allowing display trays of all packs to be placed straight on the shelf. Both will be available from the beginning of August. **Roche Nicholas. Tel: 0707 328128.**

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Andrews Antacid:	All areas except U, CTV
Aspro Clear:	LWT, C, A, M, HTV, U
Canesten:	G, Y, C, A, M, LWT, TT
Colgate Total:	All areas
Just for Men:	All areas
Pears Pure Body Care:	All areas
Radian-B:	U, G, Y, C, A
Rap-eze:	All areas except CTV, C4, GMTV
Sensodyne:	All areas except G, Y, CTV, CAR
Setlers:	All areas
Slim-Fast:	All areas
Sure Sensitive:	All areas except U, CTV, LWT





**NEW**  
**PSSSSSSSSST!**  
**NOW ONLY £1.49\***  
**PASS IT ON.**

This is the first ever price promotion on Impulse, the No.1 brand in the Body Spray market.

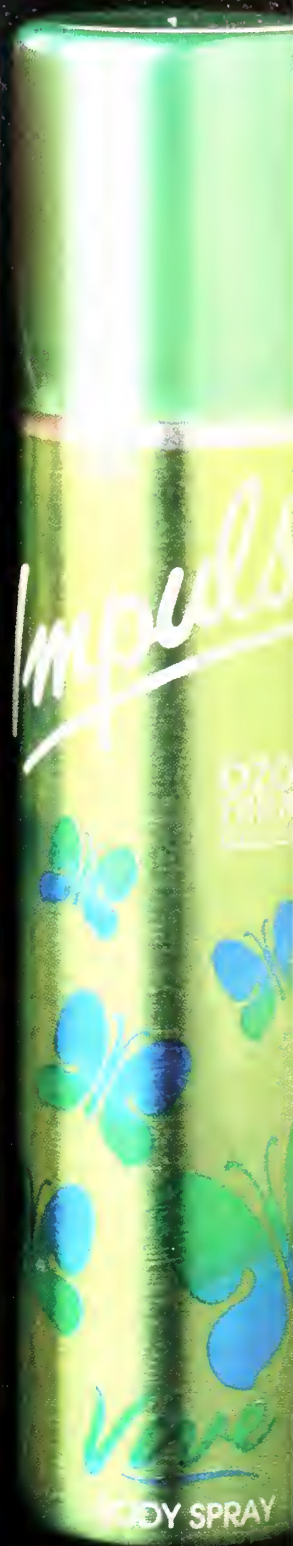
Already 7 times bigger than its closest rival, Impulse is backed by a £3.3m\* spend in 1993.

Expect your sales to shoot up. Make the most of this unique offer by giving your customers a choice of all 10 Impulse fragrances.

The age of spray on profit has arrived – so push the button and order extra Impulse now.

\*Registered Meal.

+This promotional price is for a limited period only.



**Impulse**



**ELIDA GIBBS**  
LEADERS IN PERSONAL CARE



# Philishave gets four new models

Philips are consolidating their presence in the men's shavers market with the launch of four models under the Philishave name.

They are all mains/rechargeable with universal voltage. Features include improved lift and cut rotary heads for a closer shave and a domed cap to give a more comfortable shave. The new shavers are much quieter too. They are fully charged in an hour to give 55 minutes of cordless shaving, with a six minute charge facility for emergencies.

The models are the top of the range HS990 (£109.95), which features a nine-position comfort control setting and a display panel which tells the user when the shaver needs cleaning; the HS970 (£99.95), HS920 (£89.95) and HS890 (£79.95).

The launch will be supported by a television campaign in the run up to Christmas and national Press advertising. **Philips DAP. Tel: 081-689 2166.**



## Win tickets to hit Lloyd-Webber musical

Consumers can win tickets to see Andrew Lloyd-Webber's *Sunset Boulevard* when they buy Vantage sanpro products.

Details of how to enter are on swing tickets on packs. Closing date is September 30.

For pharmacists there is a 15 per cent discount with orders of eight outers and 17.5 per cent with

more than eight. Free PoS material is available to support the promotion.

On their own-label baby toiletries, pharmacists get savings of 15 per cent when they order six outers and 17.5 per cent on orders of eight or more.

Consumers are offered free baby height charts.

**AAH Pharmaceuticals. Tel: 0928 717070.**

## New owners relaunch Jiffi with kitemark

The Jiffi condom brand has been acquired by Malaysian rubber company Sime Darby and is being relaunched, now featuring the BSI kitemark.

The range has been tested and certified to BS3704 and are non-allergenic. There are five varieties: Classic, Gold, Rainbow, Flavours and

Cocktail. All packs contain three condoms (£1.09) and will shortly be available in 12s.

The condoms have been packaged to appeal to younger consumers, and the relaunch is being supported by Press and radio advertising plus sampling. **Sime Health. Tel: 071-403 1234.**

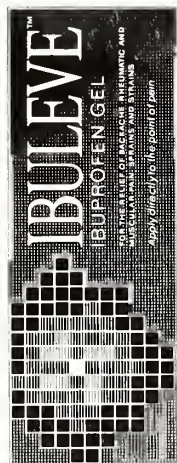


## Aspro Clear on TV

Aspro Clear is being advertised on television for the first time in eight years.

Running throughout August and September, the

advertisement highlights the purity of Aspro Clear's soluble formulation using computer-generated imagery. **Roche Nicholas. Tel: 0707 328128.**



# st

## FOR ON THE SPOT PAIN RELIEF

(We just had to rub it in)

**PAIN  
RELIEF  
WITHOUT  
PILLS**

FOR THE RELIEF OF BACKACHE, RHEUMATIC & MUSCULAR PAIN, SPRAINS AND STRAINS.

Product Licence held by Diomed Developments Ltd. Further information available from DDD Ltd., 94 Rickmansworth Road, Watford, Herts WD1 7JJ. Active ingredient ibuprofen B.P. 5.0% w/w.

## Agfa promo

Agfa have launched a Summer promotion giving customers the chance to have a free 5 x 7in enlargement when they buy Agfachrome CT100i and CT200 process-paid twin packs of film. **Agfa-Gevaert. Tel: 081-560 2131.**

## Stiefel sales

From this month Stiefel UK have their own sales team for retail pharmacies. Contact: **Stiefel UK. Tel: 06285 24966.**

## Unichem prints

Until September 10, Unichem pharmacies can offer customers the chance to have their 24-exposure films developed for £2.99 instead of £3.99. 36-exposures will be developed for £3.99. Trade price for films during this period will be £2. **Unichem. Tel: 081-391 2323.**

## Bites and stings

The Anthisan guide to bites and stings has been produced for pharmacists by **Rhone-Poulenc Rorer. Tel: 0323 721422.**

## Nylax leaflet

There is only one Nylax training leaflet, *Constipation, a Simple Guide to its Causes, Effects*

and Treatment and not several, as implied in *C&D* July 24. **Crookes Healthcare. Tel: 0602 507431.**

## Dinomania

Dinomania reaches Robinson, with an offer of free dinosaur transfers with packs of Stickies assorted children's plasters. **Robinson Healthcare. Tel: 0246 220022.**

## Whitehall delay


Whitehall Laboratories have apologised to customers for the delay in meeting orders for Dimotapp LA tablets, due to production difficulties which they expect to be resolved by early November. Further information can be obtained from **Whitehall. Tel: 0628 669011 ext 4252.**

## Safari for men

Ralph Lauren's Safari for men will only be available through department stores and not other retail outlets (*C&D* July 10). **Prestige & Collections. Tel: 081-979 6699.**

## Wasp-eze

Napp Laboratories are the distributors of Wasp-eze, and not Chemist Brokers, as implied in *C&D* July 31. p 176. **Napp. Tel: 0223 424444.**



# Skin irritation? Dermidex is the effective solution

## DERMIDEX SOOTHES

All sorts of everyday items can cause skin reactions. Dermidex soothes and calms skin reactions caused by household detergents, soaps, deodorants, knitwear and jewellery.



It also helps reduce the pain and soreness caused by minor cuts, grazes, scratches, chapping, and insect bites and stings.



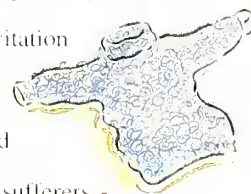
## SAFE FOR USE ON BROKEN SKIN

You can confidently recommend Dermidex for use, even when there is broken skin. It is also gentle enough to use on the face and completely safe for the whole family, including children over 4 years of age.



## NEW LOOK - SAME TRUSTED FORMULA

Dermidex is the same trusted formula it has always been: a gentle yet effective combination of local anaesthetic and antiseptics to calm irritation and help promote healing.



Now it has an attractive new look which achieved excellent results when researched amongst skin irritation sufferers - and will achieve excellent sales results for you. So the next time your customers want soothing relief for irritated skin, reach for the effective answer - Dermidex Dermatological Cream.

# Dermidex

Dermatological Cream



ACTIVE INGREDIENTS  
Lidocaine (INN) U.S.P. XXI 1.20% w/w  
Chlorbutanol (INN) B.P. 1.00% w/w  
Aluminium Chlorhydroxyallantoinate 0.25% w/w  
Cetrimide (Cetrimonium Bromide INN) B.P. 0.50% w/w  
DERMIDEX IS AVAILABLE IN 30G AND 50G TUBES

P

 Seton  
Healthcare Group plc

Dermidex is a Trade Mark of Seton.



# Nomad add to monitored dosage

Surgichem have introduced two products to complement the existing Nomad monitored dosage system.

The Medichart is an A5 medication administration record (MAR), which fits on the top of the Nomad cassette in a special holder. It allows the carer to instantly update the resident's records without having to carry separate files around.

Medichart sheets are available in packs of 1,000 (single sheets £20, triple sheets £30).

New Nomad cassettes can be supplied complete with the Medichart holder (£13.95). The holder can also be purchased



separately (£3.95) to upgrade cassettes already in use.

The Duo is a 2 x 7 format of the Nomad cassette (£8.95), which can

hold either seven doses for two days or two doses for a week. It can be carried in the pocket or handbag.

**Surgichem Ltd.**  
Tel: 061-406 8710.

## Tempting Tangs to chew on

Callard and Bowser Sugar Free Tangs are the first nationally available sugar-free fruit gum sweets, according to makers Terry's Suchard.

Tangs are made with a high percentage of fruit juices in two combinations: orange and lemon or blackcurrant and raspberry.

The sweets are available in a countline pack (£0.25) and 50g pack (£0.59) in outers of 36 and 18. The sugar-free market has more than doubled during 1990-1992, say Terry's. Tel: 021-308 0585.



## Peaudouce get better

Peaudouce have made two improvements to their disposable nappy range.

An anti-leak inner pant is a combination of anti-leak leg-cuffs and two new waist pockets, one which lies against the baby's tummy and the other at the back to form a complete leakage barrier.

The new feature is on Peaudouce mini, midi and maxi variants.

All sizes of nappy carry a

new Superfit waistband design, secured with resealable tapes.

An added extra is the splash of colour given by cartoon characters — there are ten different designs per pack.

Marketing manager Niki Keel claims the nappies now have their strongest ever anti-leak performance. **Peaudouce (UK) Ltd.** Tel: 0952 292222.



## Unichem's babies

Unichem are offering special prices and incentives on leading brands of baby products this month.

Huggies Pull-Ups offer independents the chance to receive one of nine Matchbox Thunderbirds Tracy Islands on ordering from the range. The complete range is on offer at £24.89 for a pack of four, £24.64 to Goldpartners.

Pampers Phases discounts include Pampers

Phase 2 Maxi at £29.01 for a pack of four, £28.72 for Goldpartners. Baby Wet Ones 80 pack is reduced to £7.06 for an outer of six. Goldpartner price is £6.99.

Selected Heinz, Milupa and Farleys baby foods are also discounted, along with Playtex, Griptight, Tommee Tippee, Avent and Evenflo baby feeding accessories. Unichem own-brand baby products have been reduced by 15 per cent. **Unichem.** Tel: 081-391 2323.

## Chemex Corner

### On offer around the stands at Chemex '93

## CHEMEX EXHIBITION



**12-13 SEPTEMBER 1993  
WEMBLEY EXHIBITION  
CENTRE - WEMBLEY**

Visitors to Chemex this September will be able to pick up a ride in a hot air balloon, a trip to the US or even a Jaguar XJ6 — as well as seeing a host of new products, promotional

offers, product innovations and PoS material.

Among the major pharmaceutical companies present, The Wellcome Foundation will be offering deals on their consumer healthcare products including the newly approved Zovirax Cold Sore Cream, as well as detailing their three-part pharmacy education programme which is being introduced before the official launch of Zovirax.

A Jaguar XJ6 is on offer at the APS Berk stand, as well as a host of Jaguar branded products and special deals, all designed to guarantee that no one will walk away empty-handed from the stand.

Pharmacists visiting the Reckitt & Colman stand will be asked to write their own bonus cheque with orders for their Winter

healthcare package.

Rappell, the head lice repellent, can be picked up on the Charwell Pharmaceuticals stand, while head lice treatments will be available from Napp Consumer Products, together with their analgesic Paramol, launched last year, Wasp-eze spray, Burn-eze first aid spray and the anti-diarrhoeal J Collis Browne's mixture and tablets.

Breaking the pain barrier will also be strong on Goldshield Pharmaceuticals' stand, as they celebrate the "rising profit" potential of Phorpain by offering visitors the chance to win a trip in a hot air balloon as part of their special "Chemex only" deals.

Following their £4.5 million advertising

campaign for Nicotinell, Ciba-Geigy will be giving away bonus offers, free gifts and window displays for their nicotine patches.

Meanwhile, as an alternative to giving up smoking by patches or gum, Honeyrose Products will be displaying their Honeyrose Herbal Cigarettes which contain no tobacco and no nicotine.

First-time exhibitors Bauerfield are showing their range of orthopaedic soft goods for sports injuries and osteoarthritis which will be available with same-day despatch, no requirement to stock, the possibility to return or exchange inappropriate goods, and a 33 per cent mark-up with no cash tied up in unwanted stock.

Also showing for the first time, Chess will be

travelling from New York to introduce their compact sit-down blood pressure and pulse screening units, which have been installed in some 16,000 pharmacies throughout North America in the past 20 years.

Continuing the screening theme, Stevens Servicing will be demonstrating their Personal Health Care weighing machine, which offers height measurement, pulse rate and blood pressure readings, as well as a seven-day menu plan with a wide range of suggestions for a healthy and balanced diet.

● To get your tickets for the exhibition, to be held at Wembley from September 12-13, contact the ticket hotline on **081-302 7215.**



# GIVE ALL OTHER TOOTHPASTES THE BRUSH OFF.



At last, there's a toothpaste that's worth smiling about.

New Thera-med liquid from Henkel Cosmetics, the first and only 2 in 1 toothpaste and mouthwash.

Thera-med's unique liquid gel formula gives complete care and protection for both teeth and gums plus long-lasting breath freshness.

And, to make sure your sales really sparkle, we'll be spending £2.25 million between now and December on national TV commercials, superlite posters and on extensive PR campaign.

Independent pharmacists will also enjoy the support of a point-of-sale merchandiser and a very special introductory offer.

New Thera-med Cool Mint and Thera-med Fresh Mint, the perfect way to make a mint.

 **henkel cosmetics**

## THE ONLY TOOTHPASTE AND MOUTHWASH IN ONE.



## Join other pharmacists against smoking

It is encouraging to see that the recently launched NPA initiative, Pharmacists' Action on Smoking, has already attracted Xrayser's attention (*C&D* July 24). The comments about the group and the first newsletter were constructive and the support welcome.

While the PAS is an NPA initiative, it has been made possible through an educational grant from Kabi Pharmacia. We decided to target only those pharmacists who are genuinely interested in smoking cessation and prevention so as to make the best use of the budget available. In addition to the newsletter, we have "advertised" PAS widely through the pharmacy Press.

Membership of PAS is open to all interested pharmacists. To receive further copies of the newsletter and other membership benefits, they should send back the slip in the newsletter or telephone 071-229 9922.

As outlined in the PAS objectives, smoking prevention is considered to be equally as important as smoking cessation. The committee has been looking at areas where pharmacists can utilise their valuable skills; information on these and other PAS initiatives will be featured in future newsletters.

We do see the PAS as being an interactive group, which is responsive to members' needs and ideas. In the newsletter we have asked for comment, articles and other items of interest from members — and will continue to do so. The idea of a competition is an excellent one and I shall certainly consider it for the next issue.

### Jeremy Clitherow

Chairman, Pharmacists' Action on Smoking

## EGM does not quite add up

I refer to my letter in *C&D* July 24, where I stated that, under the Articles of NPA, to convene an extraordinary general meeting one would require the support of the members owning 10 per cent of the pharmacies in membership. This represents approximately 950 pharmacies.

Yet only 12 ordinary members present at an EGM can form a quorum, which represents 0.12 per cent of the membership. Even a resolution put to vote is generally decided by a show of hands, but a poll can be demanded by only three ordinary members present at

the meeting which represents 0.03 per cent of the membership.

Alternatively, an EGM can be called by the Board of Management with the approval of only 11 out of the 21 Board members. This represents only 1.2 per cent of the membership. If we consider the byelaws of the Royal Pharmaceutical Society, only 30 members are needed out of a membership of 38,500 to request the Council to convene a special general meeting, which represents 0.1 per cent compared to 10 per cent for the NPA. Perhaps the Board has a logical explanation for this.

Nevertheless, I have put forward my proposed amendment to Section 56(a) by calling an EGM of the NPA, provided I get the support of the required number of pharmacies in membership. Any NPA member who has not read about the proposed amendment and wishes to know about it, please contact me and I will be happy to send the details.

### A Tanna

46 Lordship Lane, East Dulwich, London SE22 8HJ

## Retirement thanks

Through *Chemist & Druggist* I wish to express my sincere gratitude to all my friends and colleagues in retail, hospital and wholesale pharmacy in Northern Ireland for their very generous gifts which were presented to me recently at a reception kindly provided by Sangers (NI) Ltd to mark my retirement.

I would also take this opportunity to thank everyone for their helpful co-operation during my 30 years as pharmacy inspector, which I am sure they will wish to extend to my successor, Dr Michael Mawhinney.

### Ivan McFarland

Comber, co Down

## Why were scripts returned?

I was intrigued by the item in *C&D* (July 24, p133) which informed us that a pharmacist in Hertfordshire had 20 per cent of his scripts returned by the local FHSA because he had completed the exemption declarations.

What puzzles me is on what grounds was the decision made to return the scripts? As far as I know, there are no restrictions on the number of scripts that a patient's representative can sign as long as he can be sure that what he is signing is true.

Please enlighten me on this point. I often have to sign scripts for patients as I do a collection and delivery service from the local surgery. I would be very upset if all these were returned for the same reason as the unfortunate Hertfordshire contractor.

### Dennis M Cowen

Rawdon

## In support of doctor dispensing

Bob Cooper, LPC chairman in the Bury St Edmunds area, considers that the recent granting of permission to dispense to the group of doctors



Douglas Davidson, a community pharmacist, Fellow of the Society and past Council member (1983-86), received his MBE for services to pharmacy at Holyrood Palace in Edinburgh recently. He is accompanied by his wife Avril

will have a "prejudicial effect on pharmacy services". I will surprise him by agreeing! However, fortunately for the patients, it will improve the provision of medicines for them. They will have a more rapid, convenient and equally safe service in the future.

Rather than whinge when an occasional decision quite rightly goes against them, the local retail pharmacies should examine the facts.

Bury St Edmunds has four pharmacies — competing against each other — and the GPs have been granted permission to dispense to relatively few patients one mile outside a "thriving market town of 35,000 souls". In no way can it be said that "the proper provision of pharmaceutical services" would be prejudiced to the remaining prescribing list patients in those circumstances.

Mr Douglas Cooper regrettably speaks alarmist nonsense when he says one or two pharmacies will close as a result of the appeal decision. No pharmacist has

ever closed following a Clothier procedure.

Nevertheless, I do agree with him when he comments that "it is against natural justice to take away a man's livelihood and leave him penniless". That is what his colleagues are doing to dispensing doctors with great gusto, and with increasing frequency, although proportionately it does not hurt a pharmacy as much as it does a medical practice, which may lose dispensing rights to their entire list of thousands when the "friendly neighbourhood chemist" succeeds.

### Dr David Roberts

Chairman, Dispensing Doctors' Association

## An answer to Xrayser's prayers?

As manufacturers of generic hydrocortisone skin preparations, the article by Xrayser "What has happened to generic HC?" (*C&D* July 31) caught our attention.

Reading further, we were then surprised that the article related to OTC hydrocortisone which legally must be branded. Our product Zenoxone has been available since the introduction of OTC hydrocortisone and, like the Kerfoot preparation that you state is now discontinued, is not available through main wholesalers who do not wish to stock numerous brands.

However, Zenoxone is available from shortline wholesalers at a similar price to the Kerfoot brand, allowing a far more generous profit margin than the brand leaders.

I hope this answers your prayers.

### N Reuben

Biorex Laboratories



**Faces have always been in the spotlight for the skincare business. One company which have made caring for the female face their business since 1902 are Pond's. Pond's Performance now brings this learning right up to date with two new concepts in skincare**



### The gentle touch

The popular Pond's Performance range now has a highly advanced Skin Smoothing Treatment: Nutrium™. Nutrium is an intensive complex specially formulated to boost the skin's natural functions and so help delay the visible signs of ageing. Nutrium is made up of vitamins A and E; essential lipids (the skin's natural protective fluids) and alpha hydroxy acid (a compound found in plants which refines the skin's appearance).

Nutrium works in two ways. It is easily absorbed by the skin, and by smoothing away the appearance of dryness, the treatment provides the skin with a silky, soft feel. In the longer-term, by progressively strengthening dry skin's natural barrier layer, Nutrium helps to

improve its ability to retain moisture, helping it to look younger for longer.

Nutrium comes in a concentrate form which is sealed in individual rose-coloured capsules for ultimate purity and freshness. This takes the guesswork out of applying the treatment: each capsule contains the correct quantity for one application. So there's no temptation to swamp the skin by applying too much, or to under moisturise by using too little.

Though Nutrium capsules may be technologically advanced on the inside, on the outside they couldn't be simpler to use. Simply twist off the end of a capsule and smooth the silky contents over the face and neck. Gently massage the concentrate into the skin. This action will boost the skin's blood supply which helps lead

to a clear, smooth complexion. Nutrium slots perfectly into the Performance skincare routine as a regular treatment and should be used as a supplement to usual night-time moisturising.

the Performance range. Time Release Eye Gel with Creme (£6.45 for a 15ml jar) is a gel with creme suspended in the formula, which provides triple-action care by refreshing,



Advise your customers that it should be applied at bedtime after cleansing and before remoisturising. Hypo-allergenic, it is suitable for sensitive skin, is fragrance-free and costs £8.45 for 21 capsules.

### Eyes right

Pond's Performance™ Time Release™ Eye Gel with Creme is another unique formulation developed through the Pond's Institute. With the introduction of Time Release, the Pond's Performance range now offers the most comprehensive eye care regime any customer could ask for. The range already includes Firming Eye Cream, which in response to consumer research will be repositioned as a night cream. From July it will be renamed Firming Eye Night Therapy, a cream to be applied at bedtime. Time Release, however, is designed for morning application, to give this most delicate area of the face day-long attention.

But this isn't the only special aspect of the latest addition to

moisturising and strengthening dry skin. The gel brings instant refreshment to what can often be a very tired area, while the creme, over time, boosts the skin's natural moisturising functions, which helps to delay the visible signs of ageing. Fine lines and puffiness will be reduced, to give the eye area a wonderfully smooth appearance.

Time Release can work so effectively because of the combination of gel and creme. While the gel instantly soothes, the creme carries out the long-lasting functions. Normal eye gels can evaporate but the Time Release Eye Gel with Creme works through the day to retain moisture in the skin. The creme also releases a nourishing skin supplement which boosts the skin's own moisture barrier, helping to strengthen dry skin over time.

Advise customers to use Pond's Performance Time Release Eye Gel with Creme as part of their daily Performance skincare regime.



The two new additions to the Pond's Performance skincare range have been developed through the Pond's institute, which is committed to advancing the knowledge, understanding and treatment of women's skin. When coupled with the Pond's long established reputation in the field of skincare, the result is simple: skincare products women trust.

## Wide experience

No wonder Pond's products are more popular today than ever before. In a time of five-minute wonders and shelves groaning with brand names most of us have never heard of, customers turn thankfully to a name that's been trusted for generations: Pond's.

Pond's has been world famous since 1907, when it launched the now legendary Cold Cream and Vanishing Cream.

Cold Cream was one of the first cleansers, and was for many women their introduction to skin care. Vanishing Cream was one of the first ways of solving an age-old problem (and one still suffered today): a shiny complexion. In days when face powder was frowned upon, Pond's Vanishing Cream was designed to give a perfect matt finish to the skin.



But Pond's have never been content to rest on their laurels, and innovation continued even through the war years, when Dry Skin Cream was introduced. Light Day Cream came in 1970, Night Cream in 1986 and Hydro Nourishing Cream in 1992. And of course the most recent development of all is the sophisticated Performance range.

So when choosing Pond's the customer has the best of both worlds: she has the reassurance that comes from a long-established brand, and also benefits from up-to-the-minute innovation and a complete contemporary skin care range.



## A high profile

Pond's is backing the two new additions to the Performance range with major promotional support.

A high-profile, £3.24m campaign (estimated registered — MEAL) will include TV and Press advertising for the Summer, introducing Time Release and Nutrium to the public.

To coincide with this there will be a launch promotion of Nutrium starter packs in August. The envelope-style pack will contain five capsules and full product information. The competitive price of £0.99 should go a long way to tempting customers to give the product a try.

In addition, Autumn will see promotion from on-pack sampling and other PR support — so be prepared for a steady stream of enquiries.

## Polished performance

Nutrium and Time Release are just two components of the comprehensive skin care programme that is Pond's Performance.

The Performance range has been an instant success with today's woman, who wants convincing solutions to her skincare needs.

Pond's Performance is a range of specialist moisturisers which have each been designed for a particular skin requirement, and yet which work together as a complete skincare routine to offer 24-hour care and a younger looking skin.

There is a choice of two daily moisturisers. Pond's Performance Triple Action Daily Moisturiser is a rich yet easily-applied cream, while Pond's Performance Triple

Action Daily Moisturising Lotion is light and refreshing.

Both products work on three layers of the skin: protecting the delicate surface layer, replenishing essential moisturising factors in the middle layer and defending the base layer against UV rays.

For night-time there is Pond's Performance Night Regenerating Complex. Moisture loss is the skin's biggest enemy, so this product replenishes vulnerable areas overnight to restore moisture balance. The natural cell renewal process is boosted by up to 20 per cent.

While these products give overall protection, Pond's Performance gives special attention to three areas that are particularly vulnerable to the visible signs of ageing: the lips, eyes and neck.

Pond's Performance Lip Treatment Gel has both an immediate and a long-term action. It provides instant relief for rough, irritated lips and by forming a protective film which moisturises, it improves the lips' suppleness. UVA and UVB filters are included to defend against the damaging effect of the sun's rays.

Pond's Performance Firming Eye Night Therapy is a complement to the new Time Release Eye Gel with Creme.

As the area around the eyes is particularly delicate (one reason why ageing lines appear there first), Firming Eye Night Therapy is light and fragrance-free. It works overnight to replenish moisture loss as well as smoothing away the dryness which can cause fine lines to appear.

The neck is one area that is nearly always overlooked in a skincare routine — but not by Pond's. They have given special attention to this vulnerable

area with Pond's Performance Neck Treatment Cream.

This light cream is specially designed to restore moisture loss and maintain the suppleness of this sensitive area.

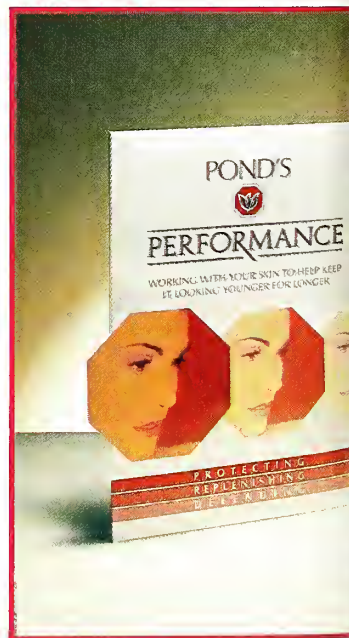
Pond's Performance products are designed to be displayed together.

With their distinctive and elegant white and red livery and the famous Pond's tulip logo, they present an impressive and enticing skincare ensemble.

## Image promotion

Like any other new product, Time Release and Nutrium will have to fight for the attention of a busy and probably confused customer.

Fortunately, they have a head start. Not only do they boast





the Pond's name, but they are packaged in the familiar and elegant livery of the Performance range.

Display the complete range together on the shelf for best effect, and so that the customer can see you are offering a complete skincare package.

The Pond's Performance range can best be displayed according to usage.

Keep the essential products in the middle, namely Triple Action Daily Moisturising Lotion, Triple Action Daily Moisturising Cream and Night Regenerating Complex to pull customers into the display.

Then branch out with the more specialist offerings keeping those used during the day to the left: Time Release Eye Gel; Neck Treatment Cream and Lip Treatment Gel; and those used during the night to the right: Nutrium and Firming Eye Night Therapy. In this way, consumer choice is simplified and cross purchasing encouraged.

Why not introduce them to your customers by making them into a counter display?

This is the one area of your shop where your customers have to pause for a few moments, no matter what else they came in to buy.

It pays to change your counter display fairly often, so that customers don't get bored with it, but if you do want to give one item prominence for a longer time, at least change its position to give an impression of change. And remember: if it's not selling, move it.

### Technical back-up

The Pond's Performance range is so effective because it works on many levels, giving both instant and long-term benefits. To put it another way, the products are designed to work not only on the part of the skin that presents itself to the world, but deeper down, on the hidden layers.

The skin is made up of three layers, the surface layer, the middle layer and the base layer.

The surface layer is the tough protective outermost layer of



the skin. It is made up of the older flattened skin cells which have been pushed up towards the surface by the new cell formation.

The middle layer is the zone of the filaggrin formation and conversion to natural moisturising factors.

The base layer is the thicker, living layer containing hair follicles, sebum, sweat glands, muscles, nerve systems and blood vessels. It also contains collagen and elastin which support the skin and give it suppleness and elasticity.

The Pond's moisturising range works in conjunction with the skin to boost its natural processes and to protect it from the potentially damaging effects of the environment. With Pond's, protection is reassuringly easy.

### Classic beauty

Pond's reputation was built on offering effective, no-nonsense products at a sensible price, and this ethos is particularly attractive to today's customers.

Women want a skincare range they can trust, at a price that makes sense to them. Which is one reason for the





continued popularity of the Pond's classic range of moisturisers.

The Dry Skin Cream is a rich, creamy moisturiser containing a unique blend of moisturising agents which help to smooth out fine lines and restore moisture loss.

The Shine Control Moisturiser is the modern interpretation of the famous Pond's Vanishing Cream.

It is a light, oil-free moisturiser which helps to reduce that oiliness, leaving the skin with a matt finish.

For more general skin needs, there is the Light Day Cream. This treatment is wonderfully light to apply and is quickly absorbed.

It also contains sunscreens as extra protection from that most damaging of environmental hazards — the sun.

The latest addition to the classic Pond's range is the Hydro-Nourishing Moisturiser. This specially formulated moisturiser is rich enough in nourishing elements to be used as a night cream, yet light enough for day time use.

The combination of nutrient supplements and moisturisers offers a dual benefit designed to attract consumers who require the promise of extra nourishing protection during the day and the simplified routine that a night and day cream in one can provide.

## Window on the world

Most of the customers who will have crossed your threshold today, have come to purchase a necessity — whether it be medicinal, cleansing or beautifying.

But that doesn't mean you don't need to make an effort to attract customers into your shop — who knows what the casual passer-by will end up buying?

So it's vital to pay attention to your window display. By creating an attractive tableau, you can entice the curious to discover more of what you have on offer.

Sometimes this will consist of boldly displayed bargains that will draw in a budget-conscious customer. But more frequently it is an array of your more pampering products that will do the trick.

Of course this is bound to be so at Christmas time, when the whole population is looking for that special present. But everyone has birthday's, high days and holidays — and everyone feels they deserve to give themselves an occasional treat sometimes.

Even if a customer doesn't need something, the day, a vibrant display will tick in their mind and remind them of your shop when they are looking.

Remember too, that you are selling an image. Some passers-by won't ever have been into your shop, so you have to create an interesting invitation that will make them pay that first visit.

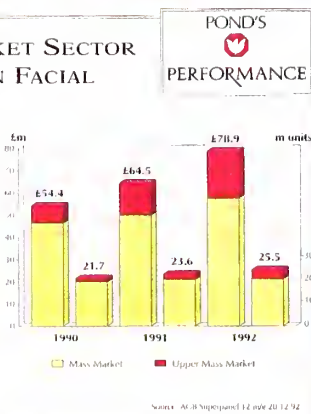
If possible, you should avoid displays that block out all view



## THE UPPER MASS MARKET SECTOR IS FUELLING GROWTH IN FACIAL MOISTURISERS

### Upper Mass Market.

- Premium Price Point (£5-10)
- Consultancy Trickledown → adds value
- High Technological / Scientific Claims
- Chemist and grocery distribution
- Opportunity to drive regime usage → increase intensity of usage



of the shop within. People don't like unfamiliar territory, so if they can see an inviting interior, they are more likely to venture in.

Give your display a theme; don't jumble up lots of colours and subjects.

A backdrop will bind the products together, so invest in some fabric that you can drape, or tissue paper that you can use to line the display area.

Use boxes underneath your chosen material to create platforms of differing heights: these will make nice little pedestals for the products.

Don't think you have to fill every available space in the window. A few well-chosen products will have a far greater impact.

If you are announcing the launch of a new product, make this the centre-piece.

Place the product on the highest platform, and place any associated product cards around it.

If this is part of a range, an easy option is to arrange the existing variants in a suitable pattern.

Introduce something other than products into the window. Fresh flowers always attract admiring looks, and if you have chosen a summer theme, you could always throw in some sand and sea shells.

## The marketplace

As high-value "essentials", mass market skincare products have to be some of the biggest profit earners for any chemist's shop.

In 1992, the facial moisturiser market was worth a staggering £78.9m (AGB Superpanel).

Perhaps it's because of growing concern about the effects of the environment on our skin, or simply because

skincare products are an affordable way of pampering ourselves — whatever the reason, this particular spending trend looks healthier than ever.

It should come as no surprise to learn that, against all onslaughts from newcomers, the name of Pond's holds a considerable stake in that market.

Pond's now commands 9.6 per cent of the facial moisturiser market, shared between its Performance and Classic ranges (AGB Superpanel).

Sales of the Classic range were up by 20 per cent on 1991, and the Pond's range as a whole (including Performance) was up by an enviable 60 per cent.

## Seasonal protection

Caring for the skin is especially important in the Summer months. Dermatologists believe that exposure to the sun is perhaps the biggest single factor in the ageing process of the skin.

When the skin is exposed to ultraviolet rays and oxygen, oxidation occurs — a process that converts skin-protective sebum and lipids into harmful lipid peroxides.

As the level of lipid peroxides increases, the skin's natural moisture balance is disturbed and vital cellular activity slows down.

In the long-term, skin will lose its suppleness and flexibility. Which is why the skin needs all the help it can get from effective moisturising. This is particularly important as the skin gets older.

The ultraviolet radiation emitted by the sun is

represented by the three bands — UVA, UVB, UVC. UVC rays have the shortest wavelength.

Like any other waves, the shorter the wavelength, the higher the energy carried in the wave, which also makes them more harmful.

Fortunately UVC rays are absorbed by the ozone layer in the stratosphere, and a large amount of UVB rays are also filtered out, although with a depleted ozone layer, this doesn't happen as effectively as it once did.

Which is why many of the Pond's moisturisers contain UV filters, to give the skin constant protection, not just in Summer but throughout the year.

Trade contact: Elida Gibbs.  
Tel: 071-409 6236.

## Historic beauty

With millions of pounds spent on skincare products every year, it's easy to assume that such careful attention to our looks is a phenomenon of the modern woman — and man. Lessons from history tell us otherwise.

- The ancient Egyptians used cleansing creams too. They favoured a mixture of oil, lime juice and perfume. They also used herbal pastes to remove unwanted body hair and odours, and carried cosmetic boxes that contained a mirror, razor and tweezers (for plucking the eyebrows).

- Celtic men would braid and limewash their hair, before combing it to resemble a horse's mane.

- However, the art of hairdressing reached new heights in the reign of Louis XV. The elaborate coiffure of French women could reach three feet high. Left in position for months at a time, its poor owner had to sleep sitting upright.

- While their menfolk were pulling swathes of Europe to the torch, high class Mongolian women still found time to follow fashion. The vogue was to blacken eyebrows to meet in the middle and paint the face white — although this style began as a means of protection against the wind and sun.

- Mosaics show Roman women doing exercises to keep in trim — and wearing bikinis.

- Celtic women had their own line in cosmetics, colouring their cheeks, painting their nails and dyeing their eyebrows with juice from berries.

- However ... when Queen Victoria came to the throne in 1837, there was still not a single bathroom in Buckingham Palace.



The previous article (Pharmacy Update, May 15) presented an overall review of the clinical and pharmaceutical aspects of parenteral nutrition prescribing.

The vast majority of patients require IV nutritional support in association with an acute admission to hospital (surgery, intensive care, chemotherapy etc). This treatment is acute by definition.

This article highlights the management of the minority of patients who require chronic IV nutritional support. A small but growing number of patients receive parenteral nutrition (PN) at home. They are pioneers in redrawing the frontier between primary and secondary (or even tertiary) health care.

Increasing attention is placed on the relationship between hospital-based and community care. As the balance of power shifts in favour of the latter — the “purchasers” within the reformed health service, two objective truths may be stated:

- It is much more straightforward a task to commence home PN now than was the case three years ago.
- A considerable amount of progress still needs to be made.

The concept of “seamless” care as patients transfer from hospital to the community may sound Utopian to those of us involved in the current political climate. The issues will be considered here under three headings:

- Patient-related considerations
- Pharmaceutical/logistical considerations
- Political considerations.

## Patient-related considerations

Chronic intestinal failure is the common thread linking patients who are candidates for home PN. This may arise from multiple surgical resections (eg for Crohn's disease) — the so-called “short bowel syndrome”. Malabsorption states may also be functional or have congenital origins.

Patient variability extends to the degree of failure, as well as the cause. Some patients will require total nutritional support. In others a degree of bowel function remains, and enteral and parenteral inputs need to be balanced.

Special enteral nutrition products may reduce or prevent the need for PN in some patients. The parenteral route is always the last option.

## Patient selection

Patient selection is crucial to the success of the treatment. A decision to discharge to home on long-term PN is not taken lightly. Patient education and training takes place during the in-patient stay on an “as long

**In the second part of our overview of intravenous nutrition, Ian Goss of the Pharmacy Department, Leeds General Infirmary reviews the situation when parenteral nutrition is administered in the community**



Pictures courtesy of the University of Leeds and General Infirmary at Leeds

# Parenteral nutrition in the community

as is necessary” basis. There have been individuals in whom it is clear at this stage that they will not be suitable candidates.

Other factors to take into account include:

### Training

Patients require training in a variety of procedures including:

- Central venous cannula care
- Aseptic dressing and bag change technique
- Additions to bags using aseptic technique
- Use of infusion pump
- Emergency procedures if things go wrong
- Recognition of symptoms such as dehydration and glycosuria
- Information on ordering of supplies
- Contacts for clinical and nursing support.

This list gives some indication of the range of demands for an ill, lay person to take in their stride.

### Home environment

The equipment/paraphernalia associated with PN administration imposes a physical demand on the home environment. Requirements can

include:

- refrigerated storage
- dressings trolley
- drip stand
- infusion pump plus battery pack

Physical access for deliveries may be an problem in multi-storey buildings or remote farmhouses! It is an unfortunate fact that most equipment is designed for use in hospital wards. It is often heavy and/or bulky. Transfer to a home environment with carpets and stairs may present problems.

### Lifestyle

Patients are returned to the community with the intention of promoting as “normal” a lifestyle as possible. However, some constraints may be inevitable. Quality of life is impaired if the patient's whole life revolves around their therapy. Family/domestic support is to be encouraged, and the training programme may need to include other key individuals.

### Support

A variety of formal support networks are essential.

### Clinical

There is a need for a regular review by the clinical team. In Leeds, an out-patient clinic dedicated to home PN patients takes place quarterly. In attendance are:

- the surgeon
- the dietician
- the pharmacist
- the nurse

### Self-help group

A charitable organisation has been formed to support patients requiring nutritional therapy. Patients on Intravenous and Naso-gastric Nutrition Therapy (PINNT) aims to provide understanding and contact between patients, and to eliminate some of the problems associated with treatment. They provide an excellent “help” service, supporting benefit claims and appeals. The guidance and advice relating to holidays and travel, both in the UK and overseas is comprehensive.

### Psychological care

Adapting to changes in lifestyle may take some time. Initially,

Continued on p1



Continued from p1

patients may be apprehensive when isolated from the security of the hospital environment. Professional counselling may facilitate the establishment of new routines.

### Practical factors

Parenteral nutrition is prescribable on an FP(10) form. Very few community pharmacists have been presented with such a request, but it can be organised independently if desired, and was done in the early days of home therapy. In practice home patient supplies are now channelled through one of the home delivery service companies, who have access to compounding facilities.

The two components of a home delivery service are:

- Regimen compounding
- Delivery

**Regimens**  
With respect to regimens, simplicity is the key. Some additions at home are inevitable (eg vitamins). Even with a well-motivated, competent patient, such additions should be kept to a minimum. By definition, regimens for this patient group are predictable, and adjustments are made on a longer timescale.

In Leeds General Infirmary the practice is to check serum

electrolytes, and perform a nutritional profile, including plasma protein and vitamin status, at the quarterly clinic. Weight and hydration status are reviewed. Nutritional status should be maintained with the minimum number of infusions. Sustaining a patient with three bags per week is preferable to daily infusion. Patients with high fluid losses from fistulae/stomas may need a mixture of PN and simple IV fluid replenishment.

Any adjustments required are communicated to the patient's GP and the compounding unit. "All-in-one" bags

All home patients receive the PN solution via a central line. Unlike the acute hospital-based approach, "all-in-one" bags are rare, due to their inherent instability. Fat administration may or may not be necessary, depending on the patient's residual gut function. If required, a separate infusion of lipid may be given, perhaps weekly. With lipid omitted from the bag, stability considerations are less critical. Most regimens will have adequate stability for an extended shelf-life.

Some patients report adverse reactions if lipid is infused too rapidly. Such patients benefit from an "all-in-one" bag. This bag cannot be stored for any length of time, and consequently is the first to be used from each delivery.

### Delivery

The existing home delivery services evolved from the provision of dialysis fluid to renal patients undergoing continuous ambulatory peritoneal dialysis (CAPD). The domiciliary therapy market is expanding rapidly. PN, IV antibiotics and chemotherapy are increasingly being delivered to patients at home.

The principle is to provide a fixed delivery schedule, usually fortnightly. Patients are provided with a stocklist of their personal requirements, agreed in advance with the hospital nutrition team. A telephone call prior to delivery determines the stock level at home, and generates an order for replenishment.

### Political considerations

The longest-standing home PN patient at Leeds General Infirmary was first discharged in March 1985. At that time the largest hurdle to overcome was "Who pays?" (The patient was a tertiary referral from within the region).

As hinted above, the new funding and contractual arrangements within the NHS have streamlined the process considerably. Fundholding GP practices can now contract directly with the provider unit. The cost allocation is typically:

- **GP** — PN prescription, including additives (vitamins; trace elements; ranitidine). All prescribable on FP(10) form. Dressing packs etc as available on Drug Tariff.
- **Hospital** — non-Drug Tariff elements, eg giving sets, specialist dressings if required. An infusion pump can be either loaned, or may be rented from the Home Service company

### Growing minority

Home PN patients are a very small minority in NHS terms. There are probably just under 200 throughout the UK. They are in the vanguard of developments in the health service. The interface between hospital and community care is becoming less sharply defined.

The trend towards shorter in-patient stays continues, and more specialised clinical practice is moving out into the community. As numbers increase decisions on funding and definitions of clinical responsibility may present difficulties.

The efforts of groups such as PINNT to improve services for, and raise the profile of, this patient group are to be applauded and supported.

### A new challenge

In a short space of time parenteral nutrition has developed in specialist centres and spread to most general hospital units and out into the community. It is the first of a range of services previously within the hospital domain which are increasingly moving into the community pharmacist's sphere of influence. These will provide new challenges and rewards for the pharmacist.



Pre-discharge training of a patient by the pharmacist

## Selected List reprints

Over the last six months Professor Li Wan Po, School of Pharmacy, The Queen's University of Belfast, has reviewed each of the ten therapeutic categories which will join the Selected List. The categories appeared in Pharmacy Update in the following order:

- Drugs acting on the skin — **February 6**
- Hypnotics and anxiolytics — **February 20**
- Drugs used in anaemia — **March 6**
- Drugs for allergic disorders — **March 20**
- Drugs acting on the ear — **April 3**
- Drugs for vaginal and vulval conditions — **April 17**
- Contraceptives — **May 1**
- Anti-rheumatics — **June 5**
- Anti-diarrhoeal agents — **June 19**
- Appetite suppressants — **July 24**

Photocopies of the series can be obtained by sending a self-addressed A4 envelope and a cheque for £5.00 to Jan Powis at Chemist & Druggist.

## Body mass index

The first paragraph of the article "Anorectic agents and weight control" (Pharmacy Update, July 24) should have read: "How can you tell if a person is obese? The body mass index (BMI), calculated by dividing a person's weight (kg) by the height (m<sup>2</sup>), is now the standard measure for assessing deviation from the average.

- The normal ranges for men and women are 20-25 and 19-24 respectively."

We apologise for any confusion caused.



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# Herpes infection: symptoms and management

Picture: St Bartholomew's Hospital/Science Photo Library



There are six known human herpes viruses:

- Herpes simplex 1 (HSV1)
- Herpes simplex 2 (HSV2)
- Varicella zoster (VZV)
- Epstein-Barr (EBV)
- Cytomegalovirus (CMV)
- Human herpes 6 virus (HHV6)

VZV is responsible for chickenpox as the primary infection and shingles if reactivated.

HHV6, a newly recognised herpes virus, is responsible for the condition exanthem subitum, which affects children during the seventh and the thirteenth months.

EBV often produces asymptomatic infections in children, and in adolescents it is usually associated with infectious mononucleosis.

CMV is also associated with infectious mononucleosis type infections.

This article will detail HSV1 and HSV2 infections.

## Herpes simplex

HSV1 and HSV2 viruses are responsible for a number of infections in humans, the most common being cold sores and the sexually transmitted disease genital herpes. As a rule cold sores are associated with HSV1 infections and genital herpes with HSV2. However, HSV1 is also being implicated in genital herpes and many sufferers will have both types.

Other herpes simplex infections are:

- Herpes keratitis, which is an

HSV1 infection of the eye. If untreated it may eventually lead to blindness and, as the infection is often confused with the less serious conditions of conjunctivitis or stye, it may go undiagnosed for some time. Pharmacists should be aware of this when responding to such symptoms.

• **Herpetic gingivostomatitis**, which is an HSV1 infection affecting the mucosa inside the mouth.

The patient is usually a child and may be suffering from fever, sore throat and general malaise.

• **Herpetic whitlow**, another HSV1 infection, affecting the fingers. The lesions are white and painful. They may be confused with warts.

## Infection

Once infected with a herpes virus, the patient will carry it for life, usually in a dormant form. Often patients may carry the virus without ever having had recognisable primary symptoms.

The virus enters the body through the mucous membrane or breaks in the skin. Usually, infection is via direct contact with an infected person who is having an "attack", but infection may also occur via contact with a person who is not having an attack, but is "shedding" the virus, though this is rare.

The virus may also be transmitted via objects such as

face flannels and towels.

Once the virus has entered the body, it begins to multiply in susceptible cells. The virus then passes up the sensory nerve processes to form the dormant, asymptomatic infection of the nerve cell bodies. These nerve cells act as a reservoir for the infection. When an appropriate stimulus is present, the virus travels to the skin to produce symptoms of the infection.

One theory suggests that the virus lies dormant in nerve cells due to the production, by the neuronal cells, of a chemical Oct-2, which binds to viral DNA and prevents the virus from making proteins. Stimuli that cause a decrease in Oct-2, allow the virus to replicate.

## Cold sores

It is estimated that there are approximately 12 million cold sore sufferers in the UK. Oral cold sores are usually caused by HSV1 infection.

### Symptoms

At least 70 per cent of HSV1 infections are asymptomatic. In patients with symptoms, the primary attack after infection is usually more severe in children and young adults than in adults. The patient may have a fever, aches and pains and feel generally unwell.

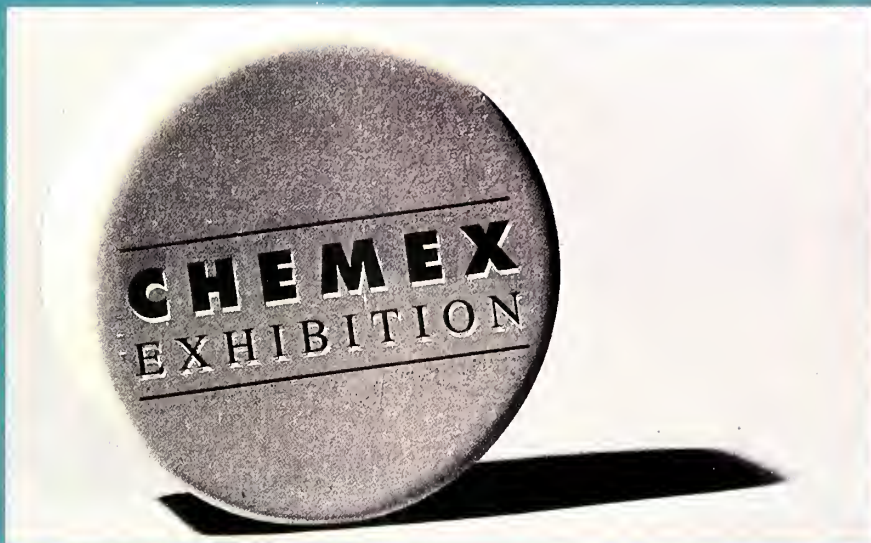
In the case of cold sores around the mouth, there will be an initial phase of itching

**Janie Sheridan of The Centre for Pharmacy Practice, School of Pharmacy, University of London, and a Boots teacher practitioner, outlines the different types of herpes infections, focusing particularly on the symptoms and management of herpes simplex 1 and 2**

Continued on pvi



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Continued from pvi

and tingling of the skin, which may last for up to 24 hours before there are any visible signs. Following this, the area becomes erythematous and blisters appear. These then weep, forming shallow ulcers which are very painful and highly infectious. They may become infected by bacteria to produce a secondary infection.

The ulcers eventually start to dry up and form crusts, and there is usually no scarring if the patient does not pick at them. The whole process takes 10 to 21 days.

Recurrent attacks are not always seen, but for those patients who suffer, there is usually a trigger factor. These triggers include:

- UV light (often cold sores appear while patients are on beach holidays)
- stress
- fatigue
- during/after other infections (often after cold or flu)
- a compromised immune system
- eczema
- menstruation

#### Treatment

There are many treatments for cold sores OTC but, as yet, no cure. Treatments should be used as soon as the initial tingling is felt.

Lotions which contain povidone iodine (Betadine paint, Brush-off) have weak anti-viral activity and may be unpopular with patients as they stain the skin yellow.

Cold sore lotions containing many different ingredients are available. They tend to be alcohol-based and it is the alcohol that is effective, drying up the blisters and reducing the spread of the virus.

Creams are mainly useful for their soothing activity, and some contain local anaesthetics. Patients should be advised to use UV-blocking agents if the sun is one of their trigger factors.

The most effective treatment for cold sores is probably acyclovir, the oral form being more effective than the cream. A P licence for Zovirax cold sore cream was granted to Wellcome on May 14. The POM to P order is due to come into force on August 23. Pharmacists will then be able to sell the product OTC.

Treatment with the cream should begin as soon as the patient experiences the tingling sensation. The cream is applied five times daily for five days. Treatment can be continued for a further five days if necessary.

#### Precautions

The virus, when present in the open blister, is highly infectious to others and the patient. During an attack, the patient should not share towels or face cloths, and should keep one towel and cloth for the face only (avoiding the eyes).

Contact lens wearers especially should be extra careful to wash their hands before inserting or removing lenses, although all patients should take extra care when touching the eyes or any other

mucous membrane or break in the skin.

To prevent cross-infection of others, patients with cold sores should avoid kissing. They should also be advised to avoid oral sex with their partner as this can result in genital herpes.

## Genital herpes

Herpes simplex infection in the genital and anal regions is usually associated with HSV2. In the United Kingdom herpes simplex virus accounts for around 3.4 per cent of the genitourinary medicine (GUM) workload. In 1990, returns from GUM clinics in England and Wales showed that more than 20,000 "new" cases of genital herpes simplex were treated, a 4.5 per cent rise on the previous year.

Media panic in the 1970s and 80s about genital herpes has led to a highly negative

stage. The blisters are painful (stinging sensation) when touched and, if they come into contact with urine, this stinging may be excruciating (this tends to be more of a problem in females).

Blisters can also appear around the anus, and may be misdiagnosed by the patient as "piles". They eventually heal over, a process which may take from five days to several weeks.

Recurrent attacks of herpes are less severe and occur in 40 to 70 per cent of patients. They tend to occur less frequently with the passage of time.

Recurrences may affect the patient psychologically as they may deeply fear infecting their partner, whom they may not have told about the infection for fear of rejection.

Patients suffering more than six attacks a year should be considered for prophylactic

very soothing.

#### Precautions

As with cold sores, patients should not share towels, etc. Self-infection is also possible so care should be taken to keep hands clean, especially after the application of any creams.

Sexual activity must be avoided from the first signs of an attack (generally tingling and itching in the genital area, and possibly pains around the buttocks) until after the healing process is complete, to avoid infecting the partner.

## Possible complications

In some patients, herpes simplex infection can be associated with complications. **• HSV and pregnancy.**

Herpes infection and pregnancy can give rise to two possible complications. Firstly, primary infection during the first few months of pregnancy may lead to a miscarriage, although this is a rare occurrence. Recurrent attacks have no effect on the foetus.

Secondly, the presence of herpes sores around the genitals during childbirth may lead to infection of the baby during childbirth.

Infections may occur after birth if the child is kissed by someone with a cold sore, and this is very common. Herpes in the newborn baby is a very serious condition, but is less serious in infants who have a slightly stronger immune system.

#### • HSV and cancer.

A link has been established between genital herpes and cancer of the cervix. Female patients with genital herpes should be encouraged to have regular cervical smear tests.

## Acyclovir

Acyclovir is indicated for the treatment and prophylaxis of HSV and VZV.

• Acyclovir 3 per cent cream is used for eye infections.

• Primary attacks of HSV genitalis are treated with acyclovir 200mg orally four times daily for ten days.

• Recurrent attacks may be treated with acyclovir 200mg four times daily.

• Prophylaxis against recurrence is 400-1,000mg per day orally for two to three months followed by a reduction to 200mg three times daily.

According to one report, there may be a reluctance on the part of doctors to prescribe acyclovir for recurrent attacks of genital herpes. Cost is the most frequently stated reason. But doctors may be unaware of how debilitating recurrent attacks may be, sometimes causing the patient to take time off work.

Very few drug interactions occur with acyclovir and the most common adverse drug reactions are rashes and genito-urinary disturbances. Treatment over long periods does not appear to have adverse effects on the patient, so the pharmacist may reassure patients on long-term prophylaxis.

## Practice points

• The most common requests for information on herpes will be about cold sores. Patients should be reassured that they are not dangerous, but that the sores are very contagious when weeping. Personal hygiene should be stressed from the point of view of infecting others and self-infection.

• Requests for information on genital herpes, its treatment, prognosis and other related problems are likely to be much less common as patients will normally be seen by their GP or by the special clinic. However, all consultations should obviously be as discreet as possible.

The pharmacist should be aware of the severe distress the condition may cause to the sufferer and his/her partner. The pharmacist should also be aware of the possibility of thrush or cystitis being previously misdiagnosed by female patients.

• Patients should be referred:

- when cold sores have not healed or appear to be spreading, or when secondary bacterial infection is suspected
- when ocular infection is suspected
- when genital herpes is suspected
- in newborn babies and infants.

perception of the disease. For those not infected, fear of being infected by a sexual partner may lead to stigmatisation of sufferers. Therefore, those who are infected may often feel ashamed, and are likely to keep it a secret.

It is important to remember that, although the virus cannot be eradicated from the body, the infection is not serious in adults. For most patients, after the initial attack, the main medical problems are discomfort and inconvenience of recurrent attacks.

However, a few patients may become psychologically affected by contracting the disease and may need professional help, either from experts at the special clinics or from the helpline run by The Herpes Association (tel: 071-609 9061).

#### Symptoms.

As with cold sores, the visible symptoms consist of erythema and blisters. The symptoms are worse in the initial attack, and consist initially of general malaise, flu-like symptoms and there may be severe aching pains around the upper legs and buttocks. Following this, blisters appear, which burst and weep. This is a very infectious

acyclovir.

Pharmacists should be aware that in women the symptoms of genital herpes may be confused with those of cystitis and thrush. The existence of pain around the buttock area and/or a stinging pain on urination should alert the pharmacist to the possibility of genital herpes being present.

#### Treatment

Drug treatment is generally oral acyclovir 200mg five times a day for five days, commencing as soon as possible. This decreases:

- duration of viral shedding
- lesion formation
- local and systemic symptoms
- time to healing.

Topical acyclovir also reduces healing time, but has little effect on symptoms. Acyclovir has no effect on the future risk of recurrence.

Treatment of the symptoms of an initial attack may also include antipyretics/analgesics for the fever and pain.

Application of a local anaesthetic may be recommended to enable the female patient to pass urine less painfully.

A few crystals of potassium permanganate (the size of a matchhead) dissolved in the bath or the addition of sodium bicarbonate to the bath may be



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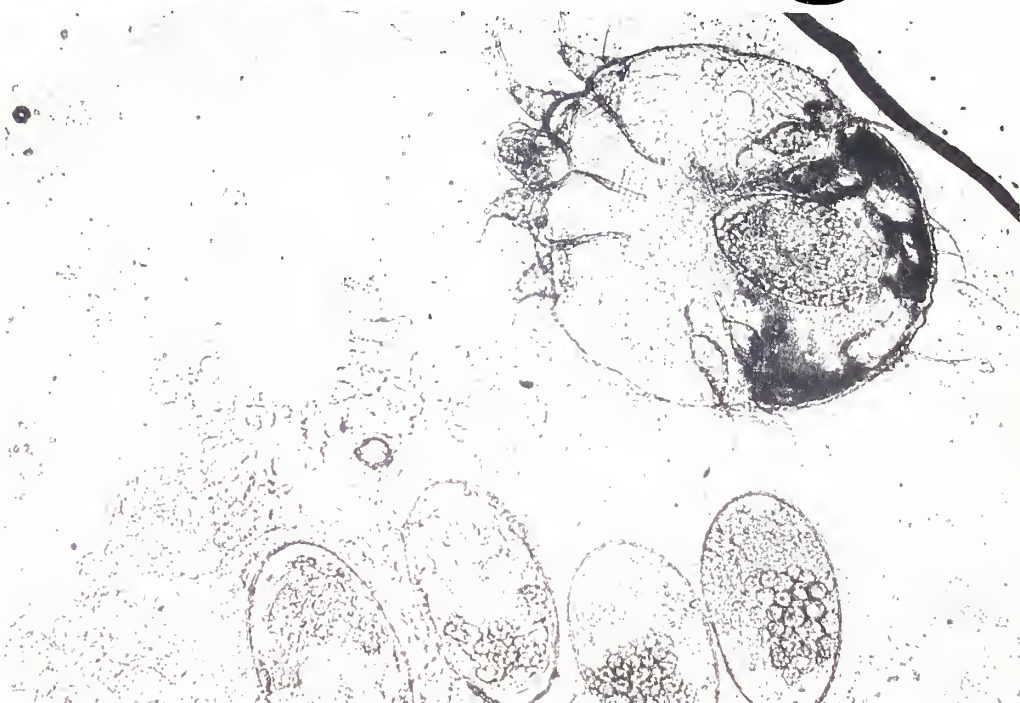


# Scabies starts to dig in

The incidence of scabies seems to be reaching epidemic levels once more.

**Dr Anthony Chu, consultant dermatologist at Hammersmith Hospital, takes a closer look at the scabies mite**

Pictures courtesy of Dermatology unit, Hammersmith Hospital



Scabies is due to infestation of the skin by the human scabies mite *Sarcoptes scabiei*. This ectoparasite burrows into the superficial layers of the skin where it lives and procreates.

Scabies is seen worldwide but is most common in underdeveloped countries, where overcrowding seems to be a major factor. The true incidence of the disease is unknown in the West as the only information we have tends to come from hospital outpatients and GP visits.

It is well recognised that scabies in Western countries seems to go through 10-15 year cycles, and also peaks at times of war. The high prevalence during the 1960s was thought to be due to the sexual mores of the time. However, sexually transmitted diseases did not increase in a similar way and it is most likely that the cycle peaked then. Current evidence suggests that we are reaching a new peak in incidence.

## Life cycle of mites

*S. scabiei* is an obligate parasite and lives on the human skin. If introduced on to the skin, the female mite quickly burrows into the horny layer of the epidermis. The mite literally gnaws its way into the horny layer and, once established in a burrow, will lengthen it by 2-3mm a day. Although the mite burrows downward, the upward growth of the epidermis maintains the burrow parallel to the stratum granulosum.

The mite lays eggs in the burrow, mainly during the day when the surface temperature is lower; two eggs are deposited at a time. During the night, the female continues its burrowing and this cycle is repeated with pairs of eggs

being deposited along the length of the burrow.

The female lives approximately four to six weeks and lays 40 to 50 eggs. They hatch after 72-96 hours and the six-legged larva excavates a pocket just off the parent burrow or leaves the parent burrow to dig itself a new burrow nearby.

The larva then goes through its first moult to a nymph and a subsequent moult to the second nymph phase — each of these phases requiring burrowing a further new small tunnel. Each moult takes about 72-96 hours and, after the third moult, the young adult excavates its final burrow.

The male is the most active of the mites, and after the third moult immediately begins searching for a female. The female mite only copulates once during its life and following copulation the male dies within 48 hours.

It is currently thought that only gravid female mites migrate to other hosts as shown by the historic studies of Mellanby and that immature forms could not easily migrate.

However, immature mites are present in much larger numbers than adult mites and are much more active on the surface of the skin. It is quite likely that the immature forms are responsible for much of the disease transmission.

Patients catch scabies by close contact with an infected individual. Close physical contact is necessary, such as prolonged hand-holding or sexual intercourse. Indirect spread by clothing or bedding is not important, apart from in the rare crusted or Norwegian variant of the disease.

A study from Sheffield showed that scabies was usually

## Important points

- Keep a high level of suspicion of scabies, particularly in an itchy condition which does not affect the face and scalp.
- When treating scabies always treat from the neck downwards every part of the skin, and repeat application to any area where treatment is washed off.
- Treat all contacts of the patient and all members of the household.
- Warn the patient that itching may persist even after effective treatment of the scabies, and provide symptomatic relief.

introduced into households mainly by schoolchildren and teenagers, particularly girls. This possibly reflects the acceptance by Western society of girls holding hands and having close physical contact with each other, and their greater contact with younger children in large families.

Anybody can catch scabies regardless of age, sex, social status, cleanliness or hygiene.

## Symptoms and diagnosis

The principal symptom of scabies is itching, due to an immunological response to the presence of the scabies mite. Immediate and delayed type hypersensitivities are important in the eruption in scabies. But the exact immunological mechanism behind the reactions are complex, and studies that have looked into them have been confusing.

## Adult scabies mite with eggs

Because the skin rash is an allergic reaction to the scabies mite, there is a "window" period where the patient is infected with the mite and thus infectious but is asymptomatic. This generally lasts three to four weeks but may be as long as 12 weeks.

Patients often give a history of itching at night which starts on their inner thighs. The eruption then occurs in a characteristic distribution over elbows, knees, lower back, buttocks and shoulders and may become generalised. In children and adults, the head and neck are never involved, but in infants the scalp and face may also be affected.

The distribution of the rash bears no relationship to the sites at which the mite is present. Mites are generally present on the hands particularly in the finger webs and around the wrists, around the nipples and on the genitalia.

The burrows in which the mites live can easily be identified as a rather erythematous streak in the skin with an overlying linear scale. At one end of the burrow you can quite often see a small vesicle which is where the scabies mite is present.

Where possible, the diagnosis of scabies should always be confirmed by carefully excavating one of the burrows using a sterile needle, and identifying either eggs and/or the adult mite by direct microscopy. If the burrow is picked out with a needle, once the mite has been exposed it sticks quite avidly to the needle and can then be deposited on a slide to be examined.

A very characteristic finding in male patients is that of



penile nodules which are very itchy. The presence of such nodules is virtually pathognomonic for scabies. The more generalised itchy rash which is due to sensitisation to the scabies mite is red, often popular and extremely itchy.

## Treatment

There are a large number of treatments available for scabies. The most important thing with all treatments is to use them properly. The mite itself only affects small areas but, to achieve cure, the whole body needs to be treated, from the neck downwards, with special attention being paid to the hands, wrists and genitalia.

When lotions are being used, this is best achieved using a 2in paint brush. Pay special attention to applying the lotion to the soles of the feet and use a small nail brush to get the lotion under the nails. It must be stressed to the patient that every square mm of their skin must be covered, particularly the genitalia and in men behind the foreskin.

If hands are washed during the day then the lotion needs to be re-applied. The rather old-fashioned idea that a hot bath was needed before treatment has been shown not to be necessary. Most treatments only need a single application.

The second most important part in treatment is to treat all close contacts and members of a household at the same time, regardless of whether they are itching or not.

● **Sulphur** — This has been used for many centuries for the treatment of scabies, but the mode of action is unknown. Although it has become less popular now, there are still dermatologists who use 10 per cent sulphur in yellow soft paraffin, which is safe and effective. Treatment needs to be continued for at least three weeks, with the entire body being covered once daily with the cream.

In infants, where more toxic preparations are to be avoided, 2.5 per cent sulphur can be an effective treatment. It is important to remember that their face, scalp and neck must be treated in addition to the rest of the body.

● **Benzyl benzoate (Ascabiol)** — This has been a very popular method of treatment for scabies, but newer, less irritant, preparations are now superseding it. The mode of action is unknown, but it may act on the nervous system of the parasite. Benzyl benzoate is used as a 25-30 per cent lotion or emulsion, and is applied to the entire body from the neck downwards.

In young children, benzyl benzoate can be diluted with two or three parts water. The emulsion should be re-applied after 24 hours, and bedding and clothing should be changed and laundered and the patient should take a bath after a further 24 hours. Over-use or persistent use of benzyl benzoate has been associated with both irritant and contact

allergic dermatitis.

● **Monosulfiram (Tetmosol)** — This is available as a 25 per cent solution in industrial methylated spirit, which must be diluted with two to three parts of water before use. The resulting emulsion is applied to the entire body from the neck downwards and then allowed to dry on the skin.

In persistent cases the application can be repeated daily for two to three days. It is an effective scabicide but the mode of action is unknown. Monosulfiram causes very few side-effects, but some patients have reported irritation and an erythematous rash during use.

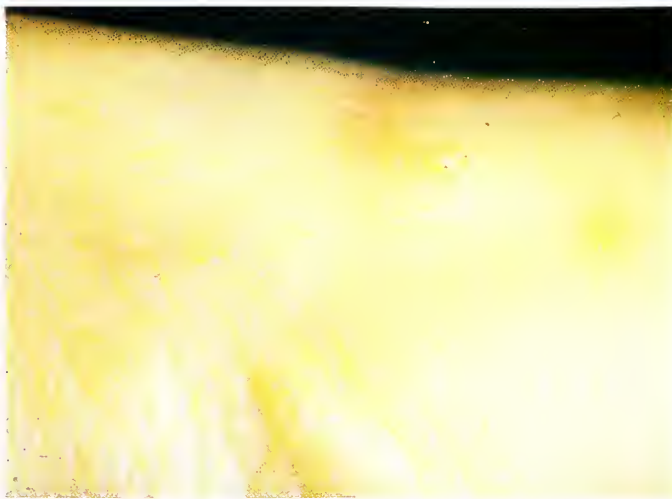
● **Crotamiton (Eurax Cream and Lotion)** — This is usually available as a cream containing 10 per cent crotamiton. It is rubbed on to the entire body in adults and in infants on the face and scalp, and repeated daily for a total of between three and five days. The mode of action of crotamiton is unknown, but it is very safe and is often used in infants.

● **Malathion (Derbac-M)** — This is an anticholinesterase and rapidly kills the mites by inhibition of cholinesterase in the insect's nervous systems.

Malathion is usually used as an 0.05 per cent solution or lotion and, although its major



Typical burrows on the finger of a patient with scabies (left), and (above) the itchy, papular eruption on the elbow of a patient with scabies



use to date has been in louse infestation, it is also very effective in scabies. A single application is all that is necessary. Malathion is not recommended for children under the age of six.

● **Permethrin (Lyclear Dermal Cream)** — This is usually used as a 5 per cent cream in a vanishing base. It is applied to the entire body, excluding the head and neck, and washed off after between eight and 24 hours. In children between the ages of two months and two years, the cream should be used on the face, neck, scalp and ears as well.

Permethrin induces electrochemical abnormalities across the membranes of excitable cells in the mite, leading to sensory hyperexcitability, inco-ordination and prostration. It causes few side-effects although some irritation has been noted.

● **Gamma benzene**

**hexachloride or Lindane**

(**Quellada**) — This is usually used as a 1 per cent lotion in the treatment of scabies. Lindane is a powerful scabicide which is rapidly absorbed through the chitin of the insect surface, and produces seizures and eventual death of the mite.

It is used as a single application to the entire body from the neck downwards and washed off after 24 hours. Lindane can cause some irritation and, because it can be absorbed through human skin, signs of cerebral irritation have been reported. This is more likely to occur in infants, children and pregnant women so treatment is not recommended in these patients.

## Pharmacist advice

In addition to the above treatment, an important part of the management of scabies is reduction of irritation, which is the prime symptom of the patient. This can be achieved

using over-the-counter preparations such as calamine lotion and hydrocortisone cream, but when severe may require stronger fluorinated steroids.

Whenever a scabicide is prescribed, full information should be given to the patient on how to use it properly. This should be reinforced by the pharmacist, instructing the patient that it must be used in adults and children from the neck downwards covering every square mm of the skin, particularly in the genital area and on the soles of the feet. Reapplication after washing the hands should be stressed.

It is also important when treating scabies that all members of a household are treated together. Asymptomatic patients may re-infect treated patients if they are not treated at the same time. This is particularly important in households where young children are present or between sexual partners.

Another important fact to stress to the patient is that the effective treatment of the infection will not lead to instant cessation of itching. Itching can and does persist for up to two weeks after effective cure of the scabies.

Symptomatic treatment of the itching will help the patients particularly at night, when irritation can disturb sleep. In some patients persistent scabetic nodules may develop, particularly on the genitalia, which may require intralesional steroids or even excision by the dermatologists.



# Rotational policies of head lice treatment

In each area of the country, the recommended head lice treatment should be changed every three years. This covers roughly 30 generations of lice, which is the time it would take to build resistance to an insecticide.

All health authorities should have treatment policies for head lice. In reality, some health authorities do not

institute policies effectively.

If there is no local rotation policy for head lice treatment in your area, then pharmacists should institute their own. The first patient should be given one product, for example malathion, with the second patient being given another, carbaryl, and the third being given a pyrethroid. This is called a mosaic technique. In this way it is hoped that resistance will be avoided.

Britain is the only European country where a rotational policy is instituted. As a result, resistance has not developed to any of the three insecticides in current use. Napp's helpline has information on the rotational policies throughout the country for any pharmacist who may be unsure (tel: 0223 424444).

Head lice expert Dr John Maunday of the Medical Entomology Centre, Cambridge

University, has expressed concern over the significant abuse of insecticide products. He said it is feasible that resistance might develop if rotational policies are not strictly followed. Difficulties will arise if we lose any of the current insecticides due to resistance as there are no more being developed.

Last year the value of insecticides sold across the counter was £8 million, representing three million treatments. There cannot be a need for this amount of insecticide, according to Dr Maunday, when there are only 50,000 new cases each year.

The pharmacist should ensure that every person requesting treatment actually needs an insecticide. They should be advised on the methods of detection and if necessary sold a repellent product.



## SCABIES

A guide to diagnosis and treatment

## Solving the scabies confusion

Since 1988, the number of Royal College of General Practitioners weekly returns has doubled for scabies treatment.

The Medical Entomology Centre at Cambridge has reported an increase in enquires from health professionals about treating scabies. This confirms the possibility of an epidemic, with the number of cases continuing to rise during the next few years.

Scabies epidemics occur every 10 to 15 years, so many GPs and pharmacists may be unfamiliar with the condition. The symptoms of scabies can easily be confused with other skin conditions.

Napp Consumer Products Division have produced a scabies training video, *The Mysterious Case of the Scaly Rash*. It highlights the condition and discusses the differential diagnoses together with appropriate treatment. Pharmacists can borrow the video free of charge by telephoning Educational Distribution on 0795 427614.

Napp have also produced a guide which considers the various skin disorders that can be confused with scabies, helping a correct diagnosis of scabies to be made.

For further information on the video and guide contact Napp on 0223 424444.

## Napp increases community award

Napp Consumer Products has increased the value of its community services pharmacist research award to £1,200 this year. The award is jointly funded by the community services pharmacy group and Napp.

This is the third year Napp have been involved in this project. Last year's identified the needs of home carers. • Napp's helpline continues to be popular, giving advice on detection and treatment of head lice and the current rotational policies in every area. The number is featured on in-pack leaflets and consumer education leaflets.

Extra copies of the leaflets and posters featuring "Larry the Louse", to help explain the louse lifecycle, can be obtained by telephoning the helpline.

Other projects Napp are currently working on include targeting the general public with a consumer Press reader offer giving away

a free detector comb.

For the pharmacist, Napp will be distributing note pads and shelf edger strips via their field force this Autumn.



## Contact tracing sheet is Wellcome

Wellcome have introduced a contact tracing help sheet so families can find the source of an infestation and prevent re-infection.

At present, the sheet will only be distributed to nurses for a trial period. Wellcome are hoping to expand the distribution nearer September.

School packs entitled "Get Lost Lice" have been compiled with the help of Harrogate Health Authority. The pack, supplied to school health professionals for teachers, contains information on head lice transmission, diagnosis and treatment. There are also pictures of lice, background information and class projects.

Wellcome have been using the character Lionel the Louse to promote head lice treatment for children.

From September, the company is running seminars for health professionals on head lice and scabies treatment. The seminars are free of charge and run for half or one day. So far ten have been held and have been well received, say Wellcome. Up to 100 people can attend each seminar depending on the venue.

For further information contact the medical information or technical affairs department at Wellcome, tel: 0270 583151.

Rappell from Charwell protects against re-infection from headlice. It contains the naturally occurring chemical piperonal produced by plants to repel harmful insects. Rappell provokes a negative response from the louse's antennae receptors, causing lice to avoid movement to treated areas, say Charwell. Rappell is available in a pleasant-smelling pump-action spray sufficient for 60 days' average use, priced at £4.69 for 90ml. Explanatory professional and consumer leaflets are available from Charwell, together with a video, "Repel All Boarders". Contact Charwell for further details, tel: 0420 84801.



As a new school term begins...

# THE HEADLICE PRODUCT FOR PEOPLE WHO DON'T WANT HEADLICE

Just think about it. Across the country there are thousands and thousands of families who don't have headlice. And now that you stock New Rappell, the unique headlouse repellent, they are all potential customers. Because the new school term signals the start of another headlice season and there's no better way for your customers to protect their family.



AND FOR PEOPLE WHO HAVE HEADLICE

New Rappell can also be recommended for use following a headlice clearing treatment – thus doubling your profit opportunity.

## RAPPELL

Rappell is a registered trademark.

01-93-3



A SPRAY A DAY KEEPS HEADLICE AWAY



# Break the cycle

**It is not just recommendation when it comes to treating worms but advice too**

The worm infection most commonly seen in the UK is threadworm. It is estimated that around 40 per cent of the under-ten population is infected with threadworm at any one time.

## Lifecycles

Threadworm eggs will remain viable for a long time. They can be picked up from the soil or can be airborne. It is also possible that they can be ingested through eating contaminated food and water. Pets do not pass threadworms on to people unless they carry eggs in their coats which could be caught under the nails.

Threadworm eggs hatch and mature in the small intestine, taking about two weeks to mature into adults. Adult worms live for five to six weeks. When the male worm dies, it is passed out of the body in faeces.

The female migrates to the caecum and colon and travels to the anus at night to lay her eggs in the perianal region. Thousands of eggs are laid which are not visible to the naked eye. The female worm dies after laying her eggs.

The eggs are covered in a sticky substance and it is believed to be this to which many people are allergic. It



Worm infestation

causes irritation, making the host scratch and pick up eggs on their fingers, from which they are ingested again. The sticky eggs can attach to toilet seats, bedding and clothing. The importance of hygiene after a worm infestation must be explained.

## Symptoms

The main threadworm symptom is intense itching and scratching in the perianal region. Sometimes threadworms can be seen in the faeces; they are cylindrical and 1-2cm in length. In many cases no symptoms are seen.

The patient suffers a debilitating condition with weight loss and a feeling of general malaise. The patient can also become irritable due to

## Threadworm treatment

Drug	Treatment regime	Action
Mebendazole (Ovex, Vermox)	Adult and child over two years: 100mg as a single dose; if reinfection occurs, a second dose may be needed after two or three weeks	Benzimidazole anthelmintic inhibits glucose uptake and depletes glycogen stores to kill the worm within a few days
Piperazine (Pripsen, Expelix) See packages for dosage.	Pripsen: One dose immediately, repeat after 14 days. Can be given to children over three months Expelix: Daily treatment for seven days. Children under one year, only on doctor's advice	Piperazine produces a neuromuscular block which paralyses the worm, which is then expelled in the faeces due to the laxative content of Pripsen
Pyrantel (Combantrin)	Adults and children over six months: a single dose of 5mg/kg	Paralyses worms and expels them using peristaltic activity

lack of sleep and the condition can be stressful because of this.

## Treatment

The condition needs both drug treatment and hygiene measures to break the cycle of re-infection. The drugs used to treat worms are mebendazole, piperazine and pyrantel.

Other measures to be taken to stop re-infection are:

- wearing close-fitting undergarments in bed to reduce the number of eggs shed on to bedding
- a bath on rising to wash away eggs deposited at night

- daily changing of bedding and night clothes until the infection is cleared
- trim and scrub nails
- wash hands after using the toilet and before eating or handling food.

These basic hygiene rules should be followed at all times, but customers should be told that a worm infection is not the sign of a dirty home.

Janssen and Reckitt & Colman produce consumer leaflets explaining worms. Ovex leaflets can be obtained from Janssen Customer Services, tel: 0800 660012.

## At last, combing out lice eggs needn't end in tears

New Step2, offers for the first time, a way of avoiding the hours of painful combing associated with lice egg and nit removal.

An infestation of head lice is easily cured. Any proprietary pediculicide will kill the lice and their eggs. It is after treatment however, that the problems really start.

The next step is to completely eradicate all traces of infestation by meticulously combing out the lice eggs and nits. This process is painful, distressing, and can take many hours.

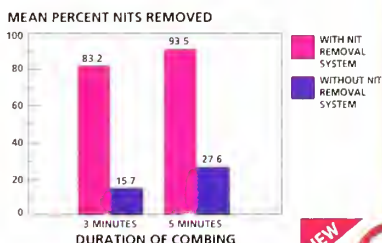
Now, there is a specialist lice egg removal system which pharmacists can recommend for use after any pediculicide treatment. Step2.

New Step2 is a creme rinse which greatly speeds the lice egg and nit removal process by loosening the bonds which hold them firmly to the hair.

Studies have shown that the combing process can be made up to 10 times faster with Step2. Step2 helps to reduce tangling, making combing less painful and far more effective.

New Step2 also reconditions treated hair, restoring its health and shine.

Killing the lice is only the first step in head lice treatment. Now you can finish the job with Step2.



**NEW**  
LICE EGG REMOVAL SYSTEM



## Step2 takes the tears out of lice egg removal

**Note:** Step2 does not kill lice or their eggs, but speeds the removal of the lice eggs and nits which remain in the hair.



*Don't dice with lice*

“Insect populations that are indefinitely exposed to a single insecticide inevitably develop resistance.”



**Abbreviated Prescribing Information**  
**CARYLDERM** Lotion,  
**DERBAC** C Liquid,  
**DERBAC** M Liquid,  
**FULL MARKS** Lotion and  
**PRIODERM** Lotion  
**Indications:** DERBAC-C Liquid,  
**CARYLDERM** Lotion, **FULL MARKS**  
**Lotion**, **PRIODERM** Lotion and  
**DERBAC-M** Liquid: Treatment of head  
 infestation.

**Ingredients:** DERBAC-C Liquid:  
 carbaryl 1.0% w/w. **CARYLDERM**  
 Lotion: carbaryl 0.5% w/v. **PRIODERM**  
 Lotion: malathion 0.5% w/v. **DERBAC-**  
**M** Liquid: malathion 0.5% w/w. **FULL**  
**MARKS** Lotion: phenothrin 0.2% w/v.  
**Dose and administration:** Sprinkle  
 on dry hair and rub gently into the  
 scalp until all the hair and scalp are  
 thoroughly moistened. Allow the hair to  
 dry naturally and leave for at least 2  
 hours (12 hours for DERBAC-C Liquid  
 and DERBAC-M Liquid). Shampoo the  
 hair as normal. Rinse and comb whilst  
 to remove dead lice and eggs.

**Contra-indications, warnings, etc:** Not  
 to be used on infants under 6 months of  
 age except on medical advice. Avoid  
 contact with the eyes. Skin irritation can  
 occur.

These treatments may affect  
 dyed, coloured or bleached hair. Do  
 not use these products if you are  
 allergic to any of the active ingredients.  
**CARYLDERM** Lotion, **FULL MARKS**  
**Lotion** and **PRIODERM** Lotion contain  
 alcohol which may exacerbate  
 eczema. As they are also  
 flammable, apply and dry the hair with  
 care and do not use artificial heat.

**Prices:** **CARYLDERM** Lotion: 55 ml,  
 £2.80; 160 ml, £2.845 (R).  
**DERBAC-C** Liquid: 50 ml, £1.595  
 (R); 200 ml, £3.415 (R). £5.99.  
**DERBAC-M** Liquid: 50 ml, £1.595 (R);  
 200 ml, £3.415 (R). £5.99. **FULL**  
**MARKS** Lotion: 55 ml, £1.595 (R). £2.80;  
 160 ml, £2.845 (R). £4.99. **PRIODERM**  
 Lotion: 55 ml, £1.595 (R). £2.80; 160 ml,  
 £2.845 (R). £4.99.

**Product licence numbers:**  
**CARYLDERM** Lotion PL 0337/0038,  
**DERBAC-C** Liquid PL 0337/0203,  
**DERBAC-M** Liquid PL 0337/0205, **FULL**  
**MARKS** Lotion PL 0337/0153,  
**PRIODERM** Lotion PL 0199/5002R.

**Product licence holders:** Napp  
 Laboratories Ltd., Cambridge Science  
 Park, Milton Road, Cambridge CB4  
 4GW, UK. (**CARYLDERM** Lotion,  
**DERBAC-C** and **DERBAC-M** Liquid,  
**FULL MARKS** Lotion). Priority  
 Laboratories Ltd., (Member of Napp  
 Laboratories Group), Cambridge  
 Science Park, Milton Road, Cambridge  
 CB4 4GW, UK.

**DERBAC-M** Lotion only).  
 Date of Preparation: June 1993.

Further information is available on  
 request from Napp Laboratories Limited.  
 NAPP device, **FULL MARKS**,  
**PRIODERM**, **CARYLDERM** and  
**DERBAC** are Registered Trade Marks.  
 Napp Laboratories Limited, 1993.

**References:**  
 Under J. Cooper N. Prescriber  
 91;(25):27-48  
 Under JW. J Roy Soc Health  
 91;111:24-6.

## To help prevent resistance development FOLLOW THE ROTATIONAL POLICY

as recommended by your Regional/District Pharmaceutical Officer  
 Napp Consumer Products Division have a full range of products to fulfil all  
 requirements of the rotational policy

pyrethroids  
 (phenothrin)



malathion



carbaryl



“Any incipient resistance which may have developed can then be  
 eliminated by the discontinuance of the first insecticide and the substitution of  
 another for the next three years.”

To find out which product is on rotation in your area, please contact your  
 Regional/District Pharmaceutical Officer or ring the  
**HEADLICE HELPLINE ON 0223 424444**



Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road,  
 Cambridge CB4 4GW. Date of Preparation: February 1993



Head lice remains a taboo subject to most people, with the 'old wives' tale that lice only infect dirty heads not helping the pharmacist's case to educate the public.

Dr John Maunders, director of the Medical Entomology Centre, Cambridge University, estimates that there are probably 50,000 new cases of head lice every year among the school age population. Adults only contribute to this figure by a few thousand more, but epidemiologically they are far more important than this number suggests.

Head lice like warm conditions and prefer a temperature of 34°C. A louse will only transfer from one head to another when two heads are together long enough for a warm bond to be made for the louse to walk across. They do not fly or jump.

The female louse lays eggs on the scalp and glues them to the base of the hair shaft. The eggs are usually laid when the person is sleeping as the head is still. The louse will lay seven or eight eggs each night which hatch seven to ten days later.

The new louse (nymph) emerges from the egg case leaving the case attached to the hair shaft, which is the "nit" that can be seen on the hair. An adult louse is about the size of a match-head and lives for about one month.

Initially the condition may be asymptomatic due to the louse injecting a local anaesthetic when it feeds on the head. However, if the infestation is not treated within two to three months the head may become itchy, which can introduce a secondary bacterial infection.

Adults can unknowingly have head lice, due to their asymptomatic properties, and can transfer them back to the children after the children have been treated. One of the key messages to get across is that it is vitally important to treat all the family when a head lice infestation presents itself.

## Lice, eggs and nits

There is always confusion between lice, eggs and nits. Many people think they are all the same thing.

The living eggs are a milky

colour, much darker than the empty egg shells (nits), which are white. The living eggs are next to the scalp but the empty shells are glued to the hair shaft and will grow out with the hair. By the time the nits are seen, the infestation can be a few months old.

Lice become coloured as soon as they feed and blend in with the hair colour, which makes them very difficult to spot.

Head lice are detected using

# A lousy problem

**Fifty years ago 'lousy' children had their hair shaved off and their heads smeared with kerosene. Joanne Grimes looks at today's less drastic treatments and why the stigma of having head lice remains**



Combs remove dead eggs and egg cases

a plastic comb designed to get very close to the head and detect the lice at an early stage. A detection comb should be used when the hair is wet or dampened. By placing a white sheet of paper underneath the head, the lice can be detected. Red dots may be seen on the head and black specks on the pillow or collars, which are lice droppings and shed skins.

Before treatment, it is essential that the presence of live lice is detected. The use of an insecticide purely as a precautionary measure should be strongly discouraged.

To remove dead eggs and egg cases a metal comb is needed, which is much stronger than the plastic version. These

## Treatment

Treatment available for head lice will depend on the rotational policy of each area. Malathion (Derbac-M, Prioderm and Suleo-M) and carbaryl (Carylcler, Derbac-C and Suleo-C) are the traditional treatments of choice for head lice. Two recently introduced pyrethroids are permethrin (Lyclear Creme Rinse) and phenothrin (Full Marks Lotion).

Lotions are recommended in favour of the shampoo treatments. They are more effective, killing the lice immediately, whereas the shampoos have to be used a number of times. All the family should be treated.

• **Body lice** are now rarely seen, but they do occur as a result of poor hygiene. Small red macules appear on the trunk from the bites of the lice. Unlike head lice, body lice live in the clothing and visit the skin only to feed. Creams or lotions containing lindane or malathion are used to treat them.

• **Pubic lice** (crab lice) are the most common form of lice in Britain today. An infestation must be treated with an aqueous lotion to avoid irritation, either Derbac C or Derbac M. It is important that treatment for crab lice is also rotated in the same way as for head lice so that resistance does not develop against the aqueous lotions.

The first sign of the crab louse being present is usually black specs or powder in the underwear. Itching can be a latent and rare symptom, as with head lice. The itching with crab lice develops very suddenly in comparison to head lice itching which develops gradually. Pubic lice are transmitted by sexual contact.

treatment with malathion.

The BNF recommends a 12-hour overnight treatment, saying that a two-hour treatment is insufficient to ensure death of the eggs. However Napp say that with Prioderm, Carylcler, Derbac and Suleo, a two-hour contact time is sufficient to kill all the eggs and lice. In fact, the latest research on Full Marks has shown that it is effective within ten minutes, say Napp, but it is not licensed for this yet.

Permethrin (Lyclear Creme Rinse) has a residual effect of up to six weeks. This gives time for all contacts to be traced. Carbaryl, malathion and phenothrin have no residual effect.

Recommended dosages of insecticide should always be used. Customers should be encouraged to buy enough of the product to adequately treat the whole family properly and kill the infestation with the first treatment.

## Prevention

Regular combing of the hair will break the legs of lice and they will die.

Hair should be checked with a detection comb at least once a week in children. Dr Maunders recommends that every family should own a detection comb.

Charwell Pharmaceuticals recently launched Rappel, a repellent against head lice containing piperonal. This is a naturally occurring chemical compound produced by plants to repel harmful insects.

## Contact tracing

Customers should always be advised to re-trace all friends and relatives they have been in contact with recently. Infection is more likely to occur between a parent and a child rather than a brief encounter in the playground.

## Facts about head lice

- Head lice cannot jump, they walk from one head to another
- There is no correlation between the hair length and lice infestation
- Head lice cannot survive on bedding or clothing
- Under the 1936 Public Health Act, it is still illegal for a person to knowingly have lice and do nothing about them

are removed for cosmetic purposes only once the lice have been killed.

There is also a treatment available now which helps remove the eggs and egg cases from the hair. Step 2 is a creme rinse which loosens the bonds that hold the eggs and nits to the hair. It is also a conditioner to restore condition to the hair. Step 2 is creme rinse designed only to be used after an insecticide, it cannot kill lice.

Patients with asthma or eczema should always be recommended an aqueous lotion. It is also a good idea to recommend the aqueous lotion for young children so they can avoid the alcoholic fumes. Aqueous lotions should also be used on the eyebrows, eyelashes and beard if these become infected with lice.

Malathion is inactivated by chlorine so children cannot go swimming for seven days after



**Clear Creme Rinse Prescribing Information**  
**Presentation** Each 50ml bottle of Lyclear contains 1% w/v permethrin plus 20% w/v isopropanol in a creme-rinse base. **Uses** For the treatment of head louse (*Phthirus humanus*) and pubic lice (*Phthirus pubis*) infections. **Dosage and Administration** Adults and children over 6 months: Shampoo hair as normal, rinse and towel dry. Shake the bottle thoroughly and apply enough Lyclear to saturate the hair and scalp. Leave on the hair for 10 minutes, then rinse thoroughly with water and dry in the usual way. **Contra-indications, warnings, etc.** *Contra-indications* Hypersensitivity to permethrin, other synthetic pyrethroids or pyrethrins. **Precautions** For external use only. Wear gloves for multiple applications. Only use in children under 6 months under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. **Side- and adverse effects** Adverse reactions are frequent, mild and transitory, and are usually also symptoms of head louse infection. **Basic NHS Cost:** £1.83. **Legal Category** [P] [1] 3-0252. Further information available on request. **The Wellcome Foundation Ltd.,** Crewe, Cheshire CW1 1UB. Lyclear is a Trade mark.



Wellcome

# LYCLEAR

Permethrin

## A highly effective treatment for head lice.



\*99% overall cure rate after one week.

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Kills head lice in just one 10-minute application.



# Banking on the Ombudsman



## If your bank is causing problems you may be able to complain to the Banking Ombudsman, says Adam Bernstein

What can you do if you believe a bank and its administration has caused you a problem but it will hear no more of the matter? One option is to complain free of charge to the Banking Ombudsman.

The Ombudsman is independent of the banks he is asked to investigate. But, unlike some forms of arbitration, using the Ombudsman to pursue your claim will not mean you lose any of your rights. If you feel his decision is wrong, you can still take the matter to court for a judge to decide.

That said, the banking institutions themselves will honour whatever the Ombudsman decides. But they can request the Ombudsman to grant permission for the case to go to court if they feel that a decision could have serious consequences for the bank or a significant point of law has been raised.

### Complaints

Anyone who feels wronged can register a complaint. Individuals, sole traders, partnerships, clubs and unions can use the Ombudsman; only limited and public companies cannot.

It was announced earlier this year that companies with a

turnover less than £1m will be allowed to complain. But before this can happen, the Ombudsman's terms of reference need to be changed.

Generally, investigations can relate to any service a bank may offer, whether it relates to a current or deposit account, mortgage, overdraft or cash machine facility.

You do not even have to have an account with a particular bank to be able to complain about it.

The Ombudsman can examine anything which is the result of an administration error, but he has no authority to adjudicate on policy.

So if a bank has turned you down for an overdraft facility, you have no right to complain because it is based on a commercial decision. But where the bank bounces a cheque when it is clearly backed by funds or an agreement, then you are entitled to go for the jugular.

### Membership

Essentially, the Ombudsman can only investigate banks which are members of the Ombudsman scheme (a list is available); where your complaint relates to an event that happened after the bank

joined the scheme; where the value of your claim is under £100,000; and where the claim relates to an institution based in mainland England, Scotland, Wales or Northern Ireland.

He cannot help you if your case has been, or is about to go, to court; if he has already examined the case; if the complaint relates to an investment governed by one of the Financial Services Act complaints procedures; or if the complaint is to do with a bank's discretion under a will or trust.

### Procedure

The first step is to discuss the matter at issue with the branch of the bank concerned. If the result of your approach is not as you would wish, you must ask the bank's senior management to review the problem, going all the way to the head office if needs be, keeping copies of all letters, notes and conversations. Only after the bank has officially told you that the complaint is deadlocked can you go to the Ombudsman.

After notification of deadlock, you have only six months to register your complaint. When first making contact you will need to enclose a copy of the deadlock letter from the bank and explain the

reason for your complaint; detail the losses you have suffered, if relevant; and how you want the situation corrected.

The Ombudsman will let you know whether he has the power to investigate and whether he needs any more information. If he can help, you will be sent an application form for completion which includes a waiver of confidentiality, which allows the Ombudsman to get your financial details from the bank. You must complete this form.

The Ombudsman will ask the bank for its side of the story and then make up his mind. Naturally, if he needs more information, he'll call for it. If he asks either side for information which cannot be disclosed to the other side — for example, information regarding the bank's other customers — then this information, when given, will carry less weight when deciding the outcome.

### Decision time

When the decision has been made, you will either get a letter to tell you why your claim has failed or, hopefully, that the Ombudsman agrees with you and he will try to persuade the bank to settle the matter.

If the bank still refuses to settle the matter according to the Ombudsman's view, he can then make further representations on your behalf to the point that he can direct the bank to pay you up to £100,000.

In assessing compensation, the Ombudsman will not penalise the bank nor will he grant damages out of proportion to the inconvenience and distress caused. However, he will assess any economic losses incurred by the customer and can make awards for any mental distress suffered. But to qualify for this you will need a very good case.

As with the courts, the Banking Ombudsman will take into account the complainant's behaviour when making decisions. If, for example, you are shown to be partly at fault, then you should expect to lose the case or have your compensation reduced. The letter you receive from the Ombudsman may state that he feels he is not the appropriate person to investigate, in which case he can recommend the case to the courts.

If the Ombudsman recommends that the courts are used, then to progress the complaint you will have to bear the costs of the claim. However, if you accept the Ombudsman's decision, you must accept it as final.

• If you want to complain or find out if your bank is a member of the Banking Ombudsman scheme, you can contact: Office of the Banking Ombudsman, Citadel House, 5/11 Fetter Lane, London EC4A 1BR. Tel: 071-583 1395. There is also a free booklet, *General Guide*, available from the Ombudsman.



## Vantage trading name goes over to Hills

Vantage, the trading name of the retail arm of the pharmaceutical and distribution group, AAH Holdings plc, is to be dropped. The new name of Hills Pharmacy will take its place.

The transformation comes as part of a strategic review by AAH. It marks a move away from the franchise operations which have been built up during the past few years, replacing them with owned and managed shops.

In line with the change, the registered company name will also change from AAH Pharmacy Concessions Ltd to AAH Retail Pharmacy Ltd.

"The chain of shops owned and managed by the company has

grown over the past few years to more than 150," says managing director Allan Orme, "and it is our intention to continue this expansion and devote our resources to running them successfully, in addition to supporting our current franchise operation."

"We do, however, face the problem of identity in the marketplace in so far as there are some 2,000 independent chemists who have chosen to take the Group's own-label Vantage products and/or the Vantage name on their fascias.

"The new name will differentiate us, giving us the flexibility to introduce new services or price promotions and

to advertise them without the fear of confusion in the marketplace between ourselves and non-participating, independent Vantage members."

The Hills Pharmacy name was chosen as it was the name of original chain of pharmacies AAH acquired in the North West, explained Mr Orme.

Conversions of shop fascias to the Hills Pharmacy name, which will appear in the familiar "pharmacy green", began this week and are scheduled to end at Christmas.

Current franchisees will be allowed to assess the changes before deciding on whether or not to adopt the new format.

## Zeneca give top priority to drugs business

Zeneca, the recently demerged biosciences arm of ICI, posted interim results for the first half of 1993 showing pre-tax profit up 41 per cent at £367 million.

Chief executive David Barnes said his greatest priority was to drive the new company's pharmaceuticals business as "hard and as fast" as he could while maintaining the growth of recently launched products.

Sales for the first six months were up 13 per cent on the same period in 1992 to £2,316m. The new company's first interim dividend was announced at 10.5p per share.

Pharmaceuticals, the largest and most profitable part of Zeneca, saw sales up 22 per cent to £924m, despite the sale of Corsodyl and Monit, which accounted for over 2 per cent of last year's trading profit. Trading profit for the first half of this year was up 34 per cent from £225m to £302m.

Mr Barnes drew attention to the effect of healthcare reforms in the world's six largest pharmaceutical markets: US, Japan, Italy, Germany, France and the UK. In Germany, for example, the Seehofer initiative has reduced Zeneca's sales by 4 per cent.

New products have grown strongly. Sales of Zestril rose 44 per cent and the drug also gained FDA approval as a treatment for congestive heart failure, while anti-cancer lines Zoladex and Nolvadex both grew by 27 per cent.

## Two more outlets for AAH

AAH Pharmaceuticals have bought two more retail pharmacy businesses for cash in Crawley and Cardiff.

The company has acquired the trading assets and goodwill of Langley Green Chemists in Crawley and the issued share capital of M & J Barr (Chemists) Ltd of Cardiff.

The aggregate initial sum paid for the two businesses is £567,500. A further sum not exceeding £90,000 will be payable on determining the net asset values.

## Boots deny rumour of pharmaceuticals sell-off

A spokesman for Boots Pharmaceuticals has emphatically denied that the Boots Company may sell it off following the withdrawal of Manoplax.

"Boots are not contemplating the sale of their pharmaceuticals business," said the spokesman.

He was reacting to speculation last weekend that an analysis of Boots Pharmaceuticals' business plan could lead to such a sale.

"Boots' business plan for the current year includes expected Manoplax sales; we now have to see what we will do without these sales. We need a new business plan for 1993-94."

The extrapolation from this to the possibility of selling off the

Pharmaceuticals division was a "misconception".

"We need to see what we can do to fill the gap left by Manoplax," said the spokesman.

- Boots are to develop their electronic trading operation with the addition of an INS-Tradant electronic data interchange (EDI) service, to be operated by International Network Services Ltd.

It should result in "more efficient and accurate data exchange", according to Boots EDI manager Patrick Smith, and faster turnaround of order transactions.

Mr Smith says that around 200 central distribution suppliers will be added to the electronic trading programme.

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## Herbal Who's Who

The first *Who's Who in the World of Herbal Medicines* has been launched by McAlpine, Thorpe and Warrier in conjunction with the Herbal Medical Database.

The guide profiles leading companies worldwide which are active in the market, and provides a detailed analysis of growth, distribution and market trends.

For copies of the *Who's Who*, costing £450, telephone 071-370 2255.

## BTG turn in a profit

After their first year in the private sector, British Technology Group International plc have increased their revenue to £26.8 million and converted last year's operating loss into a profit of £2m. After exceptional items, however, the loss was £3.9m.

Some 75 new licences were signed during the period, including in the pharmacy division licences for novel analgesics, iron supplementation, and compounds that improve wound healing.

Further licensing of the Factor IX gene through BTG USA has also taken place, covering various approaches to the treatment of haemophilia B, while hydrogel polymer technology (drug release) has generated £1.3m, with five licences in place.

Revenue from existing licences also out-performed expectations.

- British Biotechnology Products Ltd, a subsidiary of the British Biotechnology Group plc, has been sold to the US-based Techne Corporation for \$2.3 million in cash. In a separate agreement, Techne and the BBG have entered an agreement under which Techne will make and sell BBG-developed biological agents.

## Homoeopathy course

A basic homoeopathic pharmacy course will be running for a second year in London and Glasgow from September. The course is suitable for community and hospital pharmacists.

Open University-style teaching material is used to cover the basic principles, scientific evidence and the clinical scope of homoeopathy in disease management and health promotion.

Three and a half study days are needed and an essay will be set. There will be a multiple choice and oral examination.

The course fee is £260. For details contact the education secretary on 071-837 2495 (London) or 041-339 2786 (Glasgow).

# Zantac patent battle finally comes to court

The struggle between Glaxo and the Canadian generics manufacturer Novopharm over the patent on Zantac has finally reached the US courts. Glaxo set their legal defence in motion as long ago as October 1991.

The case hinges on the distinction between the unstable, liquid Form One of ranitidine hydrochloride (the active ingredient of Zantac), on which Glaxo's patent runs out in 1995, and the stable crystalline Form Two which the company has patented up to 2002.

Novopharm indicated their

intention to market Form Two after the expiry of the basic patent in December 1991, and filed an Amended New Drug application with the US authorities.

Novopharm are claiming that the Form Two patent is invalid, principally because the Form Two version is inherent in the earlier patent and is therefore not new.

Novopharm are also challenging the patent on the basis of Glaxo's alleged failure to disclose the best method of making Form Two ranitidine hydrochloride. They also say that Glaxo misled

the US patent office in their application for Form Two and that the patent is therefore unenforceable.

For their part, Glaxo believe that they have complied with all the formalities and requirements of US law in obtaining the Form Two patent and that their patent is therefore valid.

The case is expected to last for several weeks with a judgment towards the end of the year. If there is an appeal, this could mean that a final judgment does not come down until the end of next year.



Nekem have introduced a range of medical bottles with R3/28mm necks to use with child-resistant closures (CRCs). This is in response to the Royal Pharmaceutical Society of Great Britain's decision to make CRCs mandatory on all oral liquid dispensed medicines. Nekem. Tel: 0482 223424

## Tough times in Europe

Sales of drugs throughout western Europe have remained relatively static in the first five months of the year compared to 12 months earlier.

Unsettled by the changes in the German and Italian healthcare

markets, where sales fell 11.1 per cent and 1.8 per cent respectively, sales to pharmacies in the seven major European countries fell in value from \$20,727 billion to \$19,422bn, according to research by UK-based IMS International.

## Coming Events

**Developing...The Business Case**, two-day workshops in Glasgow on September 7-8, in Leeds on October 19-20, and in London on November 16-17. Fee £350+VAT. Further details from ETC, tel: 0532 306170.

**Japan Pack '93** international show at the International Trade Fairgrounds in Harumi, Tokyo, from September 13-17. Details from Japan Packaging Machinery Manufacturers Association, tel: (03) 3865 2815.

**Verdict Retail Conference**, Managing Price for Growth at the CBI Conference Centre, Centre Point, London WC1 on September 21. Further information, ring Nicola Price on 071-404 5042.

**Understanding the NHS Trust Financial Regime** one-day workshops in Leeds on September 21 and in London on October 7. Fee £170+VAT. Further information from ETC, tel: 0532 306170.

**Retail Merchandising Training** two-day course at the Hilton National, Wembley, on September 23-24. For

further details contact Marcus Bohn Associates on 071-354 8588.

**Defeat Depression Campaign** multi-disciplinary conference at the Department of Mechanical Engineering, Imperial College, Exhibition Road, London SW7 on September 27. Fee £70 inclusive of conference report, refreshments and lunch. For details contact Deborah Hart on 071-235 2351.

**Pharmacy Practice Research workshops**, Preparing and Presenting Results in Oxford on October 1, and On-Line Literature Searching in Manchester on October 4. Further details tel: 0203 690064 (24-hour answering machine).

**College of Pharmacy Practice** in collaboration with Lilly Industries. Study day on An Introduction to Pharmaceutical Audit at the Stakis Country Court Hotel near Leicester on October 10. Fee £30 for non-College member and £25 for members. Application forms from Jill Ross, tel: 0203 692400.

## Ciba win Euro cash

A loan of £55 million has been made to the Ciba-Geigy pharmaceuticals group by the European Investment Bank to help finance an expansion project.

The £230m expansion at the group's Grimsby subsidiary consists of two manufacturing buildings, a combined heat and power plant and an effluent treatment plant. It was officially opened recently by the Prime Minister John Major.

One of the manufacturing units has been completed but has not yet gone into production.

## On the move

**Bausch & Lomb** have moved their UK and European operations to Kingston. The new address is: Bausch & Lomb UK Ltd, 106 London Road, Kingston, Surrey KT2 6TN. Tel: 081-781 2900. Fax: 081-781 2901.

## Anglia distributors

Anglia Oil have appointed Ellis & Everard Personal Care as distributors of their natural oils to the cosmetics, toiletries and pharmaceutical industries.

## Yardley move

The Yardley Lenthic Group have moved to new offices at 4 Miles Gray Road, Basildon, Essex SS14 3BZ. Tel: 0268 522711. Fax: 0268 282228. Telex: 0268 99245.

## Welton sale

Bowater have sold their Welton Medical sterilisation bags and pouches to Westfield Medical Ltd, a subsidiary of Priory Investments Ltd.

## Burning bright

Duracell International have made record earnings of \$178 million before an accounting change and restructuring charge of \$129m.



# Classified

## APPOINTMENTS



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◆ OVER 1000 PHARMACIES ALREADY COVERED.

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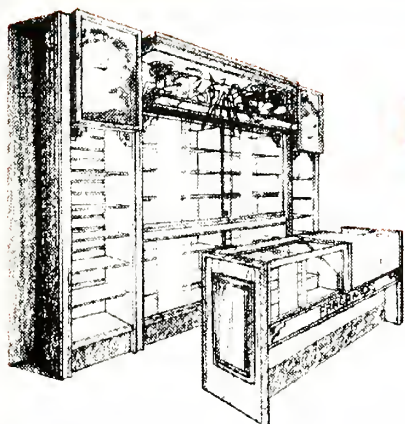
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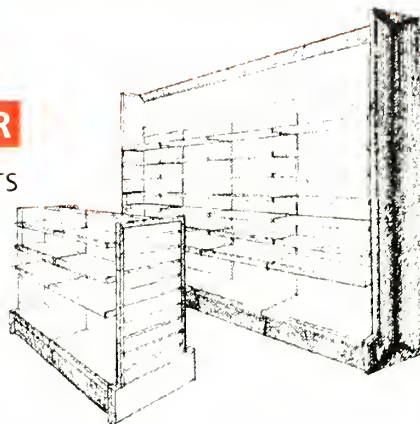
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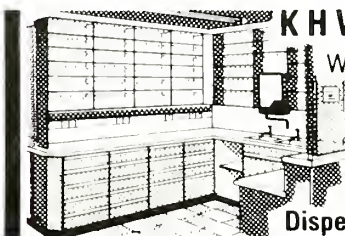
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Top quality exclusive designs not available in markets or any other cash + carry  
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100 pairs of Sunglasses  
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**£99**

All inclusive  
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Eldepryl, Ossopan, Tabs, Sandimmun  
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**BOLTON** - Manager for easily run modern pharmacy. Tel: 0204 840751 evenings.

**GRAYS, ESSEX** - Pharmacist manager required for easily run modern pharmacy, excellent salary. Tel: 0375 385948.

**SOUTH LONDON** - Pharmacist/manager required to run busy pharmacy, salary negotiable. Tel: 071-703 9800 day or 081-642 4200 evenings.

**NR NEWCASTLE** - Enthusiastic manager required for busy community pharmacy. 5 day week, four weeks holiday, excellent salary and bonus for right applicant. Tel: 091-386 0566.

### LOCUMS

**MANCHESTER, SOUTH** - Reliable locum required every other Saturday morning and every other Wednesday morning. Tel: 061-226 3249.

**BOLTON** - Pharmacist required to work evenings 6-10pm. Tel: 0254 871563.

**MAIDSTONE, KENT** - Locum required from 20 Aug - 6 Sept '93. Tel: 0927 771187.

**WALSALL** - Locum required for regular Wednesday and Fridays, 9am-7pm. Tel: 021-502 5138.

**LONDON, SE4** - Locum pharmacist required to cover from 1.15pm-8.15pm, one day a week on regular basis. Tel: 081-692 2823.

### SITUATIONS WANTED

**HARROW, MIDDLESEX** - Dispensing technician available. Tel: 081-427 3318 after 7pm.

**BOLTON, LANCs AND REASONABLE DISTANCE** - Experienced female locum available Mondays, Tuesday or both, from end of August. Tel: 0204 843589 or 0947 602084.

**PRE-REGISTRATION STUDENT** - Urgently requires remaining six month employment in London area. Tel: 081-809 5156.

**EXPERIENCED MATURE LOCUM** - Booking from end of September, will travel if suitable accommodation available. Tel: 071-739 4826.

**PHARMACIST LOCUM, DEVON** - Now taking bookings for Nov, Dec, Jan & March. Tel: 0395 68894 or 0850 489313.

**SURREY** - Experienced pharmacist relocated to Surrey, seeking part or full time position, references available. Tel: 0737 832399.

**SOUTH MANCHESTER** - Tired, need a break? Experienced locum available from 1st Sept. Tel: 061-428 7710.

### BUSINESS WANTED

**LONDON/BORDER** - Pharmacy T/O in excess of 450,000, NHS around 3,500 items, lease or freehold considered. Tel: 0375 675478 day or 0375 480258 evening.

### EXCESS STOCK

**TRADE LESS 50%+VAT+POSTAGE** - 3x30 Hollister 7216. Tel: 0253 421339.

**TRADE LESS 50%+VAT+POSTAGE** - 167 x Atarax 25mg, 164 x Sinemet 275, 58 x

Lederfen caps, 112 x Barotol 25mg, 83 x sulphadimidine 500mg, 100 x Bolydon 20mg all short dated. Tel: 0452 522951.

**TRADE LESS 25%+VAT** - 10x2 Vials of 5.5ml Suprefact, 5 x Pergonal inj, 8x10ml Bricanyl res sol. Tel: 081-450 7873.

**TRADE LESS 25%** - 438 Nozinan Gyno-Daktarin Tampons, Lioresac susp Questran A, Moduretic susp, Questran, Tofranil susp. Tel: 081-202 6262.

**TRADE LESS 30%+VAT** - 134 Hexopal Forte, 94 Hexopal, Valium syrup, 11 Cyclogest 400, 120 Metenix 5, 220 Sando K. Tel: 081-904 4197.

**TRADE LESS 40%** - Suprefact nasal spray x 2, Convatec bags S296, flanges S353, Oxivent inhalers x 2. Tel: 0226 383225.

**TRADE LESS 50%+VAT+POSTAGE** - Lo-presoretic 56 tabs, Veractil 25mgx242 tabs, Simpla Trident leg bags 750ml short tube x 40, Comfeel ulcer dressing 15x15cm x 5, Comfeel pressure relieve dressing 7cm x 10, Conveen urine bag 1500ml 90cm tube x 10, and others. Tel: 0533 668548.

**TRADE LESS 30%+VAT** - 100 Parlodel 10mg, 100 Rehibin, 3x30 Sandocal 1000, 2x56 Lipid 600, 100 Hydergine 1.5, 1x28 Axid 150, 2x100 Sinemet 275. Tel: 0206 843130.

**TRADE LESS 50%+VAT+POSTAGE** - Convatec S296 2x30, Convatec S353 3x5, Convatec S903 2x30, Coloplast 6662 2x30, Coloplast 6764 2x5, Biotrol 160S 32740 1x30, Biotrol Elite 32830 1x30. Tel: 0535 272173.

**TRADE LESS 15%+VAT** - 7x100 Tylex. Kirby Lester 7 Mark 2 £200+VAT. Tel: 0484 545351.

**TRADE LESS 50%+VAT+POSTAGE** - Insulin Hypurin Lente 8x10ml (exp 11/93). Tel: 0548 842146.

**TRADE LESS 30%+VAT+POSTAGE** - 45 tablets Zofran 8mg, 33 Megace 40mg, 100 Myotonine 25mg, 100 Isordil Tem-bids. Tel: 0272 585895.

**LURSELLE** - 1x20 (exp 2/94) £5+VAT, 50 x Sabril tabs (exp 2/98) £15+VAT, 1x112 Ventodisks 400mg (exp 10/94) £5+VAT, 1x28 Hydergine 4.5mg (exp 10/94) £5+VAT, 3x28 Burinex A (exp 6/94) £5+VAT. Tel: 0606 77485.

**POLAROID SINGLE FILM** - SX70, X30 (exp 8/93) £4.99 each + VAT. Tel: 081-997 8388.

**TRADE LESS 40%+VAT** - 20x100 Benoral (exp 5/94), Hexopal Forte 12x112 c/p (exp 4/94), Danol 200mg 20x100 (exp 3/94), Franol 10x100 (exp 4/94). Tel: 081-858 3948.

**EASI READERS** - RRP £14.95 to clear at £5 each. Tel: 0294 74533.

**TRADE LESS 50** - Serevent Diskhaler, Hexopal Forte, Dantrium 25mg, Aramine 1mg inj, Septrin Paed dispersible, Unasyn 375mg. Tel: 0708 743341.

### FOR SALE

**PHARMATRIEYER** - Costs over £10K new, best offer secures, contact Mr Chadwick. Tel: 0908 26811.

**COMPLETE SHOPFITTINGS** - (Shorax & Zaf) 24 bays, 11 bays Zaf, 3 gondolas, 6 Peraline cabinets, 2 counters. Tel: 0204 61677.

**BMW WHITE** - 316 D reg, manual 48,000 miles vgc, £4000 ono. Tel: 0533 668548.

**PORTA-NEB NEBULIZER** - 455 ono, Engerix B 3x1ml (exp 9/93) £20, 6x100 Danazol 200mg, 6x500 Mefenamic acid 250mg, offers please. Tel/Fax: 0622 858287.

**MARTINDALE 29TH EDITION** - Tel: 0269 850302.

**AAV 230 PORTABLE OXYGEN SET** - Plus recharging adaptor £140 ono, Medix word traveller nebuliser plus battery £100 ono, all excellent condition. Tel: 0639 812291.

**NEW FOUR BEDROOM HOUSE, BIRSTALL, WEST YORKS** - With garage and gardens, ideal for growing family £78,000, for sale due to pharmacist relocation, close to Leeds/Huddersfield, M62, M1. Tel: 0274 668770.

### WANTED

**POSTAGE PLUS C&D PRICE+10%** - 6 x Tolerzide, 18 x Modalim, 14 x Sanomigran 1.5mg, 10 x Adalat LA 30. Tel: 081-449 0909.

**KIDITARD 250MG CAPS** - Beta-Cardone 40 and 80mg. Tel: 0223 246535.

**HEATH & HEATHER** - Heatherclean. Tel: 0342 844424.

**ZINC SULPHATE** - 0.25% eyedrops with PMA 0.002% (Thornton & Ross), urgently required. Tel: 091-567 2756.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.

**EXCESS STOCK CAUTION:** Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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First names.....

Address.....

..... Postcode.....

Personal RPSGB Registration number.....

Telephone number.....

Proposed advertisement copy (maximum 30 words)

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To be included under section Heading.....

Signed..... Date.....

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**KL TABLET COUNTER** - In good working order. Tel: 0254 393506.

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**FLORIDA GULF COAST** - Booking for '94 luxury lakeside villa, own heated pool, sleeps 8/10, 2 bathrooms, fully equipped. Tel: 0493 650915.

**LONDON (CENTRAL/WEST/NORTH)** - Flat share etc required by young reliable pharmacist from Sept onwards, car parking/access to Central London essential, all offers considered. Tel: 0484 432208.

**ALGARVE, NEAR LOULE** - Semi rural detached villa with pool and maid, panoramic views in peaceful setting sleeps six, not suitable for young children or handicapped. Tel: 0772 38425.

**QUINTA DO LAGO, ALGARVE** - Two bedroom, two bathroom villa overlooking golf course and lake, available Sept onwards, reception, pool complex, daily maid service, restaurants, tennis, green fee discount 50%. Tel: 071-286 2155.



# Aboutpeople

## Moss in charity boat race

Moss Chemists took part in the 1993 Nicotinell Dragon Boat Challenge, the first in a series of fun events held to raise money for lung cancer research.

The 17-man team from Moss included pharmacists Roger Cotton, Steve Duncan, Michael Spruce, Simon Hulme, Andrew Lane and Chris Aylward. After completing four races they reached the semi-finals, but were then knocked out with their slowest time of the day after not having enough time to prepare for the race, said Roger Cotton.

Nicotinell and the Imperial Cancer Research Fund have teamed up to sponsor the Dragon Appeal for Lung Cancer.

Twenty teams took part in the event at Henley. The Nicotinell team failed to reach the final despite having Olympic rowing gold medalists, Greg and Jonny Searle, in one their boats. The race raised £35,000.



The Nicotinell team set out on their challenge for the Dragon Boat trophy

The next event for the Dragon Appeal is an It's a Knock Out Challenge to be held at Thorpe Park on August 14. Twenty-four teams will be taking part in the competition, and tickets can be

obtained from the ICR for £7 including entry to the park (tel: 071-269 3413).

Later in the year Nicotinell will be organising a nationwide Static Rowing Challenge.

## Travel award invites applicants

Applications are currently being invited for the College of Pharmacy Practice/Glyn Jones Travel Award. The £1,000 award is given towards research that will benefit community pharmacy.

The award can be used for material or equipment, to cover the cost of travel or the cost of employing a locum.

Applications should be submitted to the CPP before October 29. For information contact Jill Ross on: 0203 692400.

## Air drama raises £2,500

With the help of an amateur photographer, Konica raised £2,500 for the RAF Benevolent Fund at the International Air Tattoo at RAF Fairford last week.

Steven Comber, a photographer who captured the mid-air collision between two Russian MiG 29s at the show, gave Konica permission to reproduce the pictures. Konica had an on-site mini-lab at the show and within five hours had sold 160 sets of the photographs.



Paul Peskett with the Vauxhall Lotus single seater

## Peskett goes racing

Paul Peskett, of Peskett Pharmacy in Reading, took a Vauxhall single seater racing car around the grand prix track at Donnington recently after winning a Sangers Photographic and Kodak competition.

Mr Peskett said he was unaware that he had even entered the competition until he was told that he had won, as the only criteria for entering was ordering film from the company. Luckily Mr Peskett is a keen motor enthusiast and was delighted to win the prize.

## Appointments

**Andrew Francis**, a pharmacist and graduate of Nottingham University, has been appointed vice-president for business development with Jago Pharma AG of Switzerland.

Mr Francis was most recently director of the Pharmaceutical Division of Gattefossé, the French pharmaceutical excipients manufacturer. He has a specific interest in the development of novel dosage forms, particularly those involving controlled release technology.

**Gary Cooke** has joined Braun UK's marketing division as marketing manager of the household range and men's and ladies' shavers.

Neutrogena have announced that **Cathy Heseltine** takes over as marketing director.

**Martyn Long**, chairman of the Mid-Downs Health Authority and deputy chairman of NAHAT, has been elected chairman of the British Homoeopathic Association.

**Sir Duncan Nichol**, currently chief executive of the NHS Management Executive, will next year head the new Centre for International Healthcare Management within the University of Manchester.

The CPL Group Fragrance Division has made three new appointments. In the technical department **Martin Boast** joins as technical manager, **Pauline Dawson** will be the senior perfumer and **Louise Waller** is to join the evaluation department.



**Gabriel Hannon** (right) of Cregagh Pharmacy, Belfast, the victor at Cox Pharmaceuticals' Northern Ireland Golf Day, receives his prize from Peter Marley, national sales manager



# THE UK MARKET LEADER

- **Best selling smoking cessation product -**

56% share of nicotine patch total cash sales <sup>1</sup>

- **Leading nicotine patch in the prescription market -**

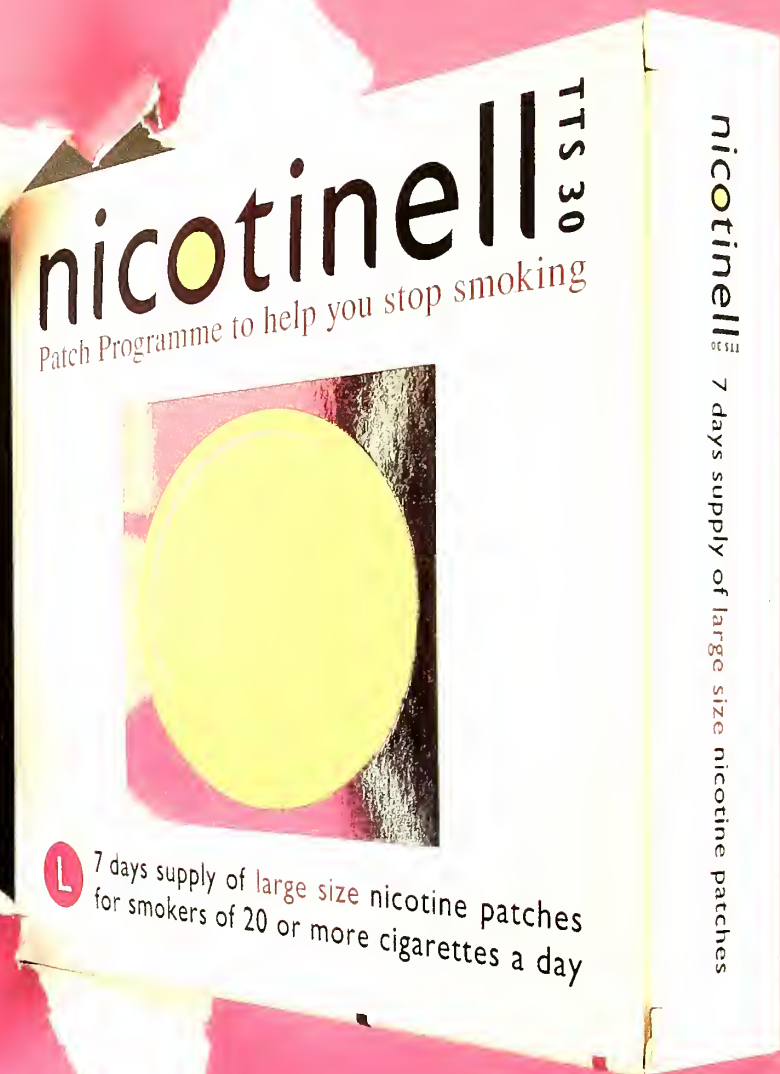
More than twice the market share of any other nicotine patch <sup>2</sup>

- **Leading nicotine patch OTC -**

54% share of sales events in the OTC nicotine patch market <sup>3</sup>

- **Leader in TV advertising recall -**

2nd place 2 weeks running for prompted recall of NICOTINELL advertisement above PG Tips, Kellogg's Cornflakes, Coca-Cola and all other nicotine products <sup>4</sup>




## MAKE YOUR PROFITS SWELL - RECOMMEND <sup>®</sup> NICOTINELL

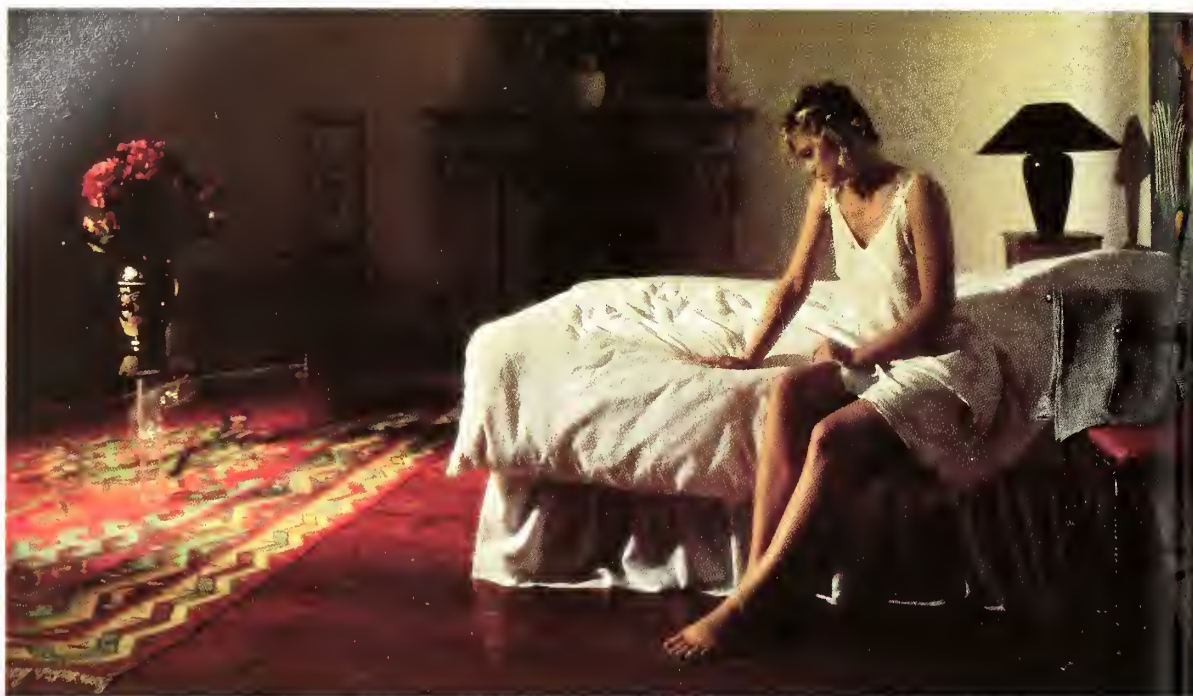
1. Nielsen Jan/Feb 1993. 2. Scriptcount 4 weeks to 26 March 1993. 3. Based on number of sales events. Counterpoint, smoking cessation, nett data, Jan- March 1993. 4. Adwatch, Marketing 25 March and 1 April 1993.

### Geigy



**PRODUCT INFORMATION**  
**Presentation** *Canesten 10% VC* is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream.  
*Canesten 1* is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. **Uses** Candidal vaginitis. **Dosage and Administration** *Canesten 10% VC.* Adults Insert the contents of the pre-filled applicator intravaginally, preferably at night.  
*Canesten 1.* Adults Place the *Canesten 1* vaginal tablet in the applicator, and insert intravaginally, preferably at night.  
**Children** Since both of these products are used with an applicator, paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Side-Effects** Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma.  
**Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** *Canesten 10% VC* Do not store above 25°C.  
*Canesten 1* No special storage precautions are necessary. **Legal Category.** P. **Retail Selling Price** £5.95 for each product. **Product Licence Number** *Canesten 10% VC* PL 0010/0136, *Canesten 1* PL 0010/0083. **Date of Preparation** August 1992.  
**References:** 1. Cohen L., *Curr Med Res Opin* 1985; 9 (8): 520-3.  
 2. Milsom L., Forsman L., *Am J Obstet Gynecol* 1985, 152 (7/2): 959-961.  
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It is available either as vaginal cream or vaginal tablet/pessary, which gives your customers the choice of two presentations of the same effective treatment (over 90% of all women successfully treated with a single dose<sup>1,2</sup>).

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We at Bayer shall continue to support you with heavy investment in advertising and a complete range of educational materials for consumers and your staff. To make sure Canesten stays ahead of the field, we are rolling out Canesten TV advertising in many more regions and stepping up advertising in women's journals.

Please make sure your stock is at an adequate level; and contact us for a copy of the comprehensive Professional Guide and other educational materials.



For a free copy of the Professional Guide, contact:  
 Bayer plc, Pharmaceutical Business Group, Bayer House, Strawberry Hill, Newbury, Berkshire RG13 1JA.

**Canesten**<sup>®</sup>  
 clotrimazole